



General Assembly

Bill No. 7503

*June Special Session,
2001*

LCO No. 9143

Referred to Committee on No Committee

Introduced by:

REP. LYONS, 146th Dist.

SEN. SULLIVAN, 5th Dist.

***AN ACT CONCERNING THE EXPENDITURES OF THE DEPARTMENT
OF SOCIAL SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) For the fiscal year ending June 30, 2003, the
2 Commissioner of Social Services may, within available appropriations,
3 provide rate relief to enhance the staffing of chronic and convalescent
4 nursing homes and rest homes with nursing supervision. Priority in
5 the use of such available funding shall be given to those facilities with
6 staffing levels below two hours per patient per day for nurses' aides,
7 three-quarters of an hour per patient per day for registered and
8 licensed nurses, and two and three-quarters hours per patient per day
9 total.

10 Sec. 2. (NEW) For the fiscal year ending June 30, 2004, the
11 Commissioner of Social Services may, within available appropriations,
12 provide rate relief to enhance the staffing of chronic and convalescent
13 nursing homes and rest homes with nursing supervision. Priority in
14 the use of such available funding shall be given to those facilities with

15 staffing levels below two hours per patient per day for nurses' aides,
16 one hour per patient per day for registered and licensed nurses, and
17 three hours per patient per day total.

18 Sec. 3. Section 17b-261 of the general statutes is repealed and the
19 following is substituted in lieu thereof:

20 (a) Medical assistance shall be provided for any otherwise eligible
21 person whose income, including any available support from legally
22 liable relatives and the income of the person's spouse or dependent
23 child, is not more than one hundred forty-three per cent, pending
24 approval of a federal waiver applied for pursuant to subsection (d) of
25 this section, of the benefit amount paid to a person with no income
26 under the temporary family assistance program in the appropriate
27 region of residence and if such person is an institutionalized
28 individual as defined in Section 1917(c) of the Social Security Act, 42
29 USC 1396p(c), and has not made an assignment or transfer or other
30 disposition of property for less than fair market value for the purpose
31 of establishing eligibility for benefits or assistance under this section.
32 Any such disposition shall be treated in accordance with Section
33 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
34 property made on behalf of an applicant or recipient or the spouse of
35 an applicant or recipient by a guardian, conservator, person
36 authorized to make such disposition pursuant to a power of attorney
37 or other person so authorized by law shall be attributed to such
38 applicant, recipient or spouse. A disposition of property ordered by a
39 court shall be evaluated in accordance with the standards applied to
40 any other such disposition for the purpose of determining eligibility.
41 The commissioner shall establish the standards for eligibility for
42 medical assistance at one hundred forty-three per cent of the benefit
43 amount paid to a family unit of equal size with no income under the
44 temporary family assistance program in the appropriate region of
45 residence, pending federal approval, except that the medical assistance
46 program shall provide coverage to persons under the age of nineteen
47 up to one hundred eighty-five per cent of the federal poverty level

48 without an asset limit. On and after January 1, 2001, said medical
49 assistance program shall also provide coverage to persons under the
50 age of nineteen and their parents and needy caretaker relatives who
51 qualify for coverage under Section 1931 of the Social Security Act with
52 family income up to one hundred fifty per cent of the federal poverty
53 level without an asset limit, upon the request of such a person or upon
54 a redetermination of eligibility. Such levels shall be based on the
55 regional differences in such benefit amount, if applicable, unless such
56 levels based on regional differences are not in conformance with
57 federal law. Any income in excess of the applicable amounts shall be
58 applied as may be required by said federal law, and assistance shall be
59 granted for the balance of the cost of authorized medical assistance. All
60 contracts entered into on and after July 1, 1997, pursuant to this section
61 shall include provisions for collaboration of managed care
62 organizations with the Healthy Families Connecticut Program
63 established pursuant to section 17a-56. The Commissioner of Social
64 Services shall provide applicants for assistance under this section, at
65 the time of application, with a written statement advising them of the
66 effect of an assignment or transfer or other disposition of property on
67 eligibility for benefits or assistance.

68 (b) For the purposes of the Medicaid program, the Commissioner of
69 Social Services shall consider parental income and resources as
70 available to a child under eighteen years of age who is living with his
71 or her parents and is blind or disabled for purposes of the Medicaid
72 program, or to any other child under twenty-one years of age who is
73 living with his or her parents.

74 (c) For the purposes of determining eligibility for the Medicaid
75 program, an available asset is one that is actually available to the
76 applicant or one that the applicant has the legal right, authority or
77 power to obtain or to have applied for the applicant's general or
78 medical support. If the terms of a trust provide for the support of an
79 applicant, the refusal of a trustee to make a distribution from the trust
80 does not render the trust an unavailable asset. Notwithstanding the

81 provisions of this subsection, the availability of funds in a trust or
82 similar instrument funded in whole or in part by the applicant or the
83 applicant's spouse shall be determined pursuant to the Omnibus
84 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of
85 this subsection shall not apply to special needs trust, as defined in 42
86 U.S.C. 1396p(d)(4)(A).

87 (d) The transfer of an asset in exchange for other valuable
88 consideration shall be allowable to the extent the value of the other
89 valuable consideration is equal to or greater than the value of the asset
90 transferred.

91 ~~[(c)]~~ (e) On or before January 15, 1994, and annually thereafter, the
92 Department of Social Services shall submit a report to the General
93 Assembly in accordance with section 11-4a which sets forth the
94 following: The number of children receiving Medicaid services; the
95 number of children receiving medical treatment at any state or
96 municipal health care facility; the number of doctors and dentists
97 participating in state or municipally-funded programs; and the
98 percentage of children treated in medical programs whose family
99 income is less than one hundred thirty-three per cent of the federal
100 poverty level and the number whose family income is greater than one
101 hundred thirty-three per cent but not more than one hundred eighty-
102 five per cent of the federal poverty level. On and after October 1, 1996,
103 the report shall be submitted to the joint standing committee of the
104 General Assembly having cognizance of matters relating to human
105 services and, upon request, to any member of the General Assembly. A
106 summary of the report shall be submitted to each member of the
107 General Assembly if the summary is two pages or less and a
108 notification of the report shall be submitted to each member if the
109 summary is more than two pages. Submission shall be by mailing the
110 report, summary or notification to the legislative address of each
111 member of the committee or the General Assembly, as applicable.

112 ~~[(d)]~~ (f) The Commissioner of Social Services shall seek a waiver

113 from federal law to permit federal financial participation for Medicaid
114 expenditures for families with incomes of one hundred forty-three per
115 cent of the temporary family assistance program payment standard.

116 Sec. 4. (NEW) The Commissioner of Social Services shall seek a
117 waiver of federal law for the purpose of establishing that the penalty
118 period during which an applicant for or recipient of assistance for
119 long-term care under the Medicaid program is ineligible for Medicaid-
120 funded services due to a transfer of assets for less than fair market
121 value shall begin in the month the applicant is found otherwise eligible
122 for Medicaid coverage of services rather than in the month of the
123 transfer of assets. This section shall only apply to transfers that occur
124 on or after the effective date of the waiver. The provisions of section
125 17b-8 of the general statutes shall apply to this section.

126 Sec. 5. (NEW) (a) The Department of Social Services shall be the sole
127 agency to determine eligibility for assistance and services under
128 programs operated and administered by said department.

129 (b) Any person filing an application with a probate court for spousal
130 support, in accordance with section 45a-655 of the general statutes,
131 shall certify to that court that a copy of the application and
132 accompanying attachments have been sent by regular mail, postage
133 prepaid, to the Commissioner of Social Services. The probate court
134 shall provide a notice of hearing to the commissioner at least fifteen
135 business days prior to the hearing. The commissioner or a designee
136 shall have the right to appear at such hearing and may present the
137 commissioner's position as to the application in person or in writing.
138 Any final order by the court on such application for spousal support
139 shall be sent to the commissioner within seven business days of the
140 order.

141 (c) No probate court shall approve an application for spousal
142 support of a community spouse unless (1) notice is provided in
143 accordance with subsection (b) of this section, and (2) the order is
144 consistent with state and federal law.

145 Sec. 6. Subsection (d) of section 45a-655 of the general statutes is
146 repealed and the following is substituted in lieu thereof:

147 (d) In the case of any person receiving public assistance, state-
148 administered general assistance or Medicaid, the conservator of the
149 estate shall apply toward the cost of care of such person any assets
150 exceeding limits on assets set by statute or regulations adopted by the
151 Commissioner of Social Services. Notwithstanding the provisions of
152 subsections (a) and (b) of this section, in the case of an institutionalized
153 person who has applied for or is receiving such medical assistance, no
154 conservator shall apply and no court shall approve the application of
155 (1) the net income of the ward to the support of the ward's spouse in
156 an amount that exceeds the monthly income allowed a community
157 spouse as determined by the Department of Social Services pursuant to
158 42 USC 1396r-5(d)(2)-(4), or (2) any portion of the property of the ward
159 to the support, maintenance and medical treatment of the ward's
160 spouse in an amount that exceeds the amount determined allowable by
161 the department pursuant to 42 USC 1396r-5(f)(1) and (2),
162 notwithstanding the provisions of 42 USC 1396r-5(f)(2)(A)(iv), unless
163 [(A)] such limitations on income [or property] would result in
164 significant financial duress. [or (B) an amount exceeding such
165 limitations is necessary to generate income.]

166 Sec. 7. Section 17b-278b of the general statutes is repealed and the
167 following is substituted in lieu thereof:

168 (a) [To the extent authorized by federal law, the] The Commissioner
169 of Social Services [may] shall provide coverage under the Medicaid
170 program in accordance with Public Law 106-354 to women diagnosed
171 with breast or cervical cancer. The commissioner shall seek any federal
172 waivers or amend the state Medicaid plan as necessary in order to
173 secure federal reimbursement for the costs [to such plan] of providing
174 [treatment and other medical services to women diagnosed with breast
175 or cervical cancer under the breast and cervical cancer early detection
176 and treatment referral program established under section 19a-266]

177 coverage under the Medicaid program to such women. Such coverage
178 shall not be dependent on the available income or assets of an
179 applicant.

180 (b) To qualify for medical assistance under this section, a woman
181 shall: (1) Have been screened for breast or cervical cancer under the
182 Centers for Disease Control and Prevention's National Breast and
183 Cervical Cancer Early Detection Program and found to be in need of
184 treatment for breast or cervical cancer, including a precancerous
185 condition of the breast or cervix; (2) not otherwise have creditable
186 coverage, as defined in 42 USC 300gg(c); (3) not have attained the age
187 of sixty-five years; (4) not be eligible under any mandatory Medicaid
188 eligibility group; and (5) be a resident of this state and a United States
189 citizen or a qualified alien, as defined in Section 431 of Public Law 104-
190 193.

191 (c) The commissioner shall deem an applicant who has been
192 determined eligible for medical assistance under this section as having
193 been eligible for up to three months prior to the month in which an
194 application was filed if the requirements in subsection (b) of this
195 section were met during such three-month period. An individual
196 determined eligible for medical assistance under this section shall
197 remain eligible until the individual's course of treatment is completed
198 or until eligibility criteria set forth in subsection (b) of this section are
199 no longer met. The commissioner shall establish procedures for the
200 granting of presumptive eligibility in order to ensure prompt access to
201 services for applicants.

202 (d) The Commissioner of Social Services shall implement policies
203 and procedures necessary to carry out the provisions of this section
204 while in the process of adopting such policies and procedures in
205 regulation form in accordance with chapter 54, provided notice of
206 intention to adopt the regulations is published in the Connecticut Law
207 Journal within twenty days of implementation of such policies and
208 procedures. Such policies and procedures shall be valid until the time

209 final regulations are effective.

210 Sec. 8. (NEW) The Commissioner of Social Services shall seek a
211 waiver from federal law to provide coverage for used durable medical
212 equipment under the Medicaid program.

213 Sec. 9. For the fiscal year ending June 30, 2002, the Department of
214 Social Services shall pay the Medicare Part B premiums for eligible
215 Medicaid recipients, from expenditures deposited in a nonlapsing
216 account from revenue received from the United States Department of
217 Health and Human Services for the portion designated for such
218 Medicare Part B premiums. The department shall continue such
219 payments until such time the department contracts with the federal
220 government to administer the Medicare Part B Buy-in Program.

221 Sec. 10. For the fiscal year ending June 30, 2002, and each fiscal year
222 thereafter, with the approval of the Office of Policy and Management,
223 the Department of Social Services may credit to a nonlapsing account
224 in the General Fund, and expend from such nonlapsing account, the
225 amounts necessary for payment of the federal share of recoveries or
226 overpayments established under the Aid to Families with Dependent
227 Children program.

228 Sec. 11. Subsection (a) of section 17b-239 of the general statutes is
229 repealed and the following is substituted in lieu thereof:

230 (a) The rate to be paid by the state to hospitals receiving
231 appropriations granted by the General Assembly and to freestanding
232 chronic disease hospitals, providing services to persons aided or cared
233 for by the state for routine services furnished to state patients, shall be
234 based upon reasonable cost to such hospital, or the charge to the
235 general public for ward services or the lowest charge for semiprivate
236 services if the hospital has no ward facilities, imposed by such
237 hospital, whichever is lowest, except to the extent, if any, that the
238 commissioner [in his discretion] determines that a greater amount is
239 appropriate in the case of hospitals serving a disproportionate share of

240 indigent patients. Such rate shall be promulgated annually by the
241 Commissioner of Social Services. Nothing contained herein shall
242 authorize a payment by the state for such services to any such hospital
243 in excess of the charges made by such hospital for comparable services
244 to the general public. Notwithstanding the provisions of this section,
245 for the rate period beginning July 1, 2000, rates paid to freestanding
246 chronic disease hospitals and freestanding psychiatric hospitals shall
247 be increased by three per cent. [For the rate period beginning July 1,
248 2001, and each succeeding rate period, rates paid to freestanding
249 chronic disease hospitals and freestanding psychiatric hospitals shall
250 be equal to but not exceed rates for the preceding rate period, plus an
251 inflation factor equal to the Medicare market basket inflation rate as
252 published in the previous September Federal Register of each year
253 with the wage portion of such market basket adjusted for the Hartford
254 metropolitan statistical area.] For the rate period beginning July 1,
255 2001, a freestanding chronic disease hospital or freestanding
256 psychiatric hospital shall receive a rate that is two and one-half per
257 cent more than the rate it received in the prior fiscal year. For the rate
258 period beginning July 1, 2002, a freestanding chronic disease hospital
259 or freestanding psychiatric hospital shall receive a rate that is two per
260 cent more than the rate it received in the prior fiscal year.

261 Sec. 12. Subsection (c) of section 17b-112 of the general statutes is
262 repealed and the following is substituted in lieu thereof:

263 (c) A family who is subject to time-limited benefits may petition the
264 Commissioner of Social Services for six-month extensions of such
265 benefits. The commissioner shall grant [such an extension to a] not
266 more than three extensions to such family who has made a good faith
267 effort to comply with the requirements of the program and despite
268 such effort has a total family income at a level below the payment
269 standard, or has encountered circumstances preventing employment
270 including, but not limited to: (1) Domestic violence or physical harm to
271 such family's children; or (2) other circumstances beyond such family's
272 control. [Earned income counting towards total family income shall

273 have ninety dollars disregarded. Such family] The commissioner shall
 274 disregard ninety dollars of earned income in determining applicable
 275 family income. The commissioner may grant a fourth or a subsequent
 276 six-month extension if each adult in the family meets one or more of
 277 the following criteria: (A) The adult is precluded from engaging in
 278 employment activities due to domestic violence or another reason
 279 beyond the adult's control; (B) the adult has two or more substantiated
 280 barriers to employment including, but not limited to, the lack of
 281 available child care, substance abuse or addiction, severe mental or
 282 physical health problems, one or more severe learning disabilities,
 283 domestic violence or a child who has a serious physical or behavioral
 284 health problem; (C) the adult is working thirty-five or more hours per
 285 work, is earning at least the minimum wage and continues to earn less
 286 than the family's temporary family assistance payment standard; or
 287 (D) the adult is employed and works less than thirty-five hours per
 288 week due to (i) a documented medical impairment that limits the
 289 adult's hours of employment, provided the adult works the maximum
 290 number of hours that the medical condition permits, or (ii) the need to
 291 care for a disabled member of the adult's household, provided the
 292 adult works the maximum number of hours the adult's caregiving
 293 responsibilities permit. Families receiving temporary family assistance
 294 shall be notified by the department of the right to petition for such
 295 extensions. Notwithstanding the provisions of this section, the
 296 commissioner shall not provide benefits under the state's temporary
 297 family assistance program to a family that is subject to the twenty-one
 298 month benefit limit and has received benefits beginning on or after
 299 October 1, 1996, if such benefits result in that family's receiving more
 300 than sixty months of time-limited benefits unless that family
 301 experiences domestic violence, as defined in Section 402(a)(7)(B), P.L.
 302 104-193. For the purpose of calculating said sixty-month limit: (I) A
 303 month shall count toward the limit if the family receives assistance for
 304 any day of the month, and (II) a month in which a family receives
 305 temporary family assistance benefits that are issued from a state other
 306 than Connecticut shall count toward the limit.

307 Sec. 13. (NEW) A minor parent who is without a high school
308 diploma, is not married and has a child who is at least twelve weeks of
309 age, who is in such parent's care, shall be ineligible for temporary
310 family assistance unless such parent is participating in educational
311 activities directed toward the attainment of a high school diploma or
312 its equivalent.

313 Sec. 14. Section 17b-688c of the general statutes is repealed and the
314 following is substituted in lieu thereof:

315 (a) The Department of Social Services shall administer, in
316 accordance with sections 17b-688d and 17b-688e, an employment
317 services program for the purpose of providing employment services to
318 recipients of benefits under the temporary assistance for needy
319 families program pursuant to Title IV-A of the Social Security Act. Said
320 program shall include the provision of employment services to
321 recipients of temporary family assistance that will enable them to
322 become employed and independent of cash assistance within twenty-
323 one months of receipt of temporary family assistance.

324 (b) The Department of Social Services shall reduce the benefits
325 awarded to a family under the temporary family assistance program
326 when a member of the family who is required to participate in
327 employment services fails to comply with an employment services
328 requirement without good cause. The first instance of noncompliance
329 with an employment services requirement shall result in a twenty-five
330 per cent reduction of such benefits for three consecutive months. The
331 second instance of noncompliance with such requirement shall result
332 in a thirty-five per cent reduction of such benefits for three consecutive
333 months. A third or subsequent instance of noncompliance with such
334 requirement shall result in the termination of such benefits for three
335 consecutive months. If only one member of a family is eligible for
336 temporary family assistance and such member fails to comply with an
337 employment services requirement, the department shall terminate all
338 benefits of such family for three consecutive months. Notwithstanding

339 the provisions of this subsection, the department shall terminate the
340 benefits awarded to a family under the temporary family assistance
341 program if a member of the family who is not exempt from the twenty-
342 one-month time limit specified in subsection (a) of section 17b-112, as
343 amended by this act, fails, without good cause, to: (1) Attend any
344 scheduled assessment appointment or interview relating to the
345 establishment of an employment services plan, except that such
346 individual's benefits shall be reinstated if the individual attends a
347 subsequently scheduled appointment or interview within thirty days
348 of the date on which the department has issued notification to the
349 individual that benefits have been terminated, or (2) comply with an
350 employment services requirement during a six-month extension of
351 benefits. Any individual who fails to comply with the provisions of
352 subdivision (1) of this subsection may submit a new application for
353 such benefits at any time after termination of benefits.

354 (c) The Department of Social Services shall not enter into or renew
355 any contractual obligations for the employment services program that
356 extend beyond June 30, 1998. Within fifteen days after execution of
357 such contractual obligations, the Department of Social Services shall
358 send to the Labor Department a copy of such contracts for the
359 information of the Labor Department.

360 (d) The Commissioner of Social Services shall implement policies
361 and procedures necessary to carry out the purposes of this section
362 while in the process of adopting such policies and procedures in
363 regulation form, provided notice is published in the Connecticut Law
364 Journal within twenty days of implementation of such policies and
365 procedures. [Final regulations shall be submitted to the legislative
366 regulation review committee no later than November 15, 1997.]
367 Policies and procedures implemented pursuant to this section shall be
368 valid until the time final regulations are effective.

369 Sec. 15. Subsection (e) of section 17b-112 of the general statutes is
370 repealed and the following is substituted in lieu thereof:

371 (e) Under said program (1) no family shall be eligible that has total
 372 gross earnings exceeding the federal poverty level, however, in the
 373 calculation of the benefit amount for eligible families and previously
 374 eligible families that become ineligible temporarily because of receipt
 375 of workers' compensation benefits by a family member who
 376 subsequently returns to work immediately after the period of receipt of
 377 such benefits, earned income shall be disregarded up to the federal
 378 poverty level; (2) the increase in benefits to a family in which an infant
 379 is born after the initial ten months of participation in the program shall
 380 be limited to an amount equal to fifty per cent of the average
 381 incremental difference between the amounts paid per each family size;
 382 and (3) a disqualification penalty shall be established for failure to
 383 cooperate with the biometric identifier system. Except when
 384 determining eligibility for a six-month extension of benefits pursuant
 385 to subsection (c) of this section, the commissioner shall disregard the
 386 first fifty dollars per month of income attributable to child support that
 387 a family receives in determining eligibility and benefit levels for
 388 temporary family assistance.

389 Sec. 16. Section 17b-112g of the general statutes is repealed and the
 390 following is substituted in lieu thereof:

391 (a) The Commissioner of Social Services shall offer immediate
 392 diversion assistance designed to prevent certain families who are
 393 applying for monthly temporary family assistance from needing such
 394 assistance. Diversion assistance shall be offered to families that (1)
 395 upon initial assessment are determined eligible for temporary family
 396 assistance, (2) demonstrate a short-term need that cannot be met with
 397 current or anticipated family resources, and (3) with the provision of a
 398 service or short-term benefit, would be prevented from needing
 399 monthly temporary family assistance.

400 (b) The Commissioner of Social Services shall establish (1) a
 401 simplified eligibility determination process for diversion assistance,
 402 and (2) an expedited procedure to deliver benefits pursuant to this

403 section. Diversion assistance shall be provided not later than fifteen
404 calendar days from the date the applicant signs a request for diversion
405 assistance. An application for temporary family assistance shall be
406 withdrawn if the Commissioner of Social Services and the applicant
407 agree that diversion assistance would prevent the family from needing
408 temporary family assistance and such diversion assistance is provided.
409 In no event shall the amount of diversion assistance be greater than the
410 cash assistance equivalent of three months of temporary family
411 assistance for such family.

412 (c) Diversion assistance may include, but not be limited to,
413 employment services, child care assistance, transportation assistance,
414 housing assistance, utilities assistance, clothing assistance and
415 assistance with purchasing or maintaining tools necessary for
416 employment.

417 (d) A family receiving diversion assistance shall be ineligible to
418 receive monthly temporary family assistance payments for a period of
419 three months from the date of application for temporary family
420 assistance, except that such family shall be eligible to receive
421 temporary family assistance payments within such period if the
422 Commissioner of Social Services, or [his] the commissioner's designee,
423 in [his] the commissioner's sole discretion, determines that the family
424 has experienced undue hardship. A family that is subject to the
425 twenty-one-month benefit limit under temporary family assistance
426 shall have diversion assistance count as three months toward such
427 limit. Nothing in this [subsection] section shall prohibit a family
428 receiving diversion assistance that later qualifies for temporary family
429 assistance from qualifying for a six-month extension available to
430 recipients of temporary family assistance who did not receive
431 diversion assistance.

432 (e) Notwithstanding the provisions of section 17b-77 and to the
433 extent permitted by federal law, families shall not be required to assign
434 their right to receive child support payments to the state while

435 receiving diversion assistance.

436 (f) The Commissioner of Social Services shall inform each applicant
437 of the specific benefits and services the family will receive through
438 diversion assistance and the benefits available to such family under
439 temporary family assistance. If the applicant consents to diversion
440 assistance, [he] the applicant may rescind [his] the request for such
441 assistance within three business days of the request for diversion
442 assistance.

443 (g) Nothing in this section shall prohibit a family receiving
444 diversion assistance from being eligible for other social service
445 programs administered by the Department of Social Services
446 including, but not limited to, food stamps, child care assistance,
447 medical assistance and transitional child care and medical assistance
448 benefits.

449 (h) The Commissioner of Social Services shall implement the
450 policies and procedures necessary to carry out the provisions of this
451 section while in the process of adopting such policies and procedures
452 in regulation form, provided notice of intent to adopt the regulations is
453 published in the Connecticut Law Journal within twenty days after
454 implementation. Such policies and procedures shall be valid until the
455 time final regulations are effective.

456 Sec. 17. Subsection (a) of section 17b-112c of the general statutes is
457 repealed and the following is substituted in lieu thereof:

458 (a) Qualified aliens, as defined in Section 431 of Public Law 104-193,
459 who do not qualify for federally-funded cash assistance, other lawfully
460 residing immigrant aliens or aliens who formerly held the status of
461 permanently residing under color of law shall be eligible for solely
462 state-funded temporary family assistance [, assistance under the
463 federal waiver for the demonstration program entitled "Reach for Jobs
464 First"] or cash assistance under the state-administered general
465 assistance program, provided other conditions of eligibility are met.

466 An individual who is granted assistance under this section must
467 pursue citizenship to the maximum extent allowed by law as a
468 condition of eligibility unless incapable of doing so due to a medical
469 problem, language barrier or other reason as determined by the
470 Commissioner of Social Services. Notwithstanding the provisions of
471 this section, any qualified alien or other lawfully residing immigrant
472 alien or alien who formerly held the status of permanently residing
473 under color of law who is a victim of domestic violence or who has
474 mental retardation shall be eligible for assistance under this section.
475 The commissioner shall not accept new applications for assistance
476 under this subsection as of the effective date of this section.

477 Sec. 18. Subsection (a) of section 17b-790a of the general statutes is
478 repealed and the following is substituted in lieu thereof:

479 (a) The Commissioner of Social Services, within available
480 appropriations, shall establish a food assistance program for
481 individuals entering the United States prior to April 1, 1998, whose
482 immigrant status meets the eligibility requirements of the federal Food
483 Stamp Act of 1977, as amended, but who are no longer eligible for food
484 stamps solely due to their immigrant status under Public Law 104-193.
485 The commissioner shall not accept new applications for assistance
486 under this section after June 30, 2002. Individuals who enter the United
487 States after April 1, 1998, must have resided in the state for six months
488 prior to becoming eligible for the state program. The commissioner
489 may administer such program in accordance with the provisions of the
490 federal food stamp program, except those pertaining to the
491 determination of immigrant status under Public Law 104-193.

492 Sec. 19. Subsection (b) of section 17b-112c of the general statutes is
493 repealed and the following is substituted in lieu thereof:

494 (b) Notwithstanding the provisions of subsection (a) of this section:
495 (1) A qualified alien admitted into the United States on or after August
496 22, 1996, or other lawfully residing immigrant alien determined
497 eligible for temporary family assistance or cash assistance under the

498 state-administered general assistance program prior to July 1, 1997, or
499 other lawfully residing immigrant alien or alien who formerly held the
500 status of permanently residing under color of law, shall remain
501 eligible, [for such assistance until July 1, 2001,] and (2) a qualified alien,
502 other lawfully residing immigrant alien admitted into the United
503 States on or after August 22, 1996, other lawfully residing immigrant
504 alien or an alien who formerly held the status of permanently residing
505 under color of law and not determined eligible prior to July 1, 1997,
506 shall be eligible for such assistance subsequent to six months from
507 establishing residency in this state. [until July 1, 2001, except if the
508 individual is otherwise qualified for the purpose of state receipt of
509 federal financial participation.]

510 Sec. 20. (NEW) Notwithstanding any provision of chapter 319v of
511 the general statutes, the Commissioner of Social Services may
512 implement a mandatory program of primary care case management to
513 provide medical assistance to beneficiaries eligible under sections 17b-
514 257 and 17b-259 of the general statutes, as amended by this act. The
515 Department of Social Services may enter into contracts for medical
516 services and program management to implement the provisions of this
517 section.

518 Sec. 21. Subsection (a) of section 20-126l of the general statutes is
519 repealed and the following is substituted in lieu thereof:

520 (a) As used in this section:

521 (1) "General supervision of a licensed dentist" means supervision
522 that authorizes dental hygiene procedures to be performed with the
523 knowledge of said licensed dentist, whether or not the dentist is on the
524 premises when such procedures are being performed;

525 (2) "Public health facility" means an institution, as defined in section
526 19a-490, a community health center, a group home, [or] a school, a
527 preschool operated by a local or regional board of education or a head
528 start program; and

529 (3) The "practice of dental hygiene" means the performance of
530 educational, preventive and therapeutic services including: Complete
531 prophylaxis; the removal of calcerous deposits, accretions and stains
532 from the supragingival and subgingival surfaces of the teeth by
533 scaling, root planing and polishing; the application of pit and fissure
534 sealants and topical solutions to exposed portions of the teeth; dental
535 hygiene examinations and the charting of oral conditions; dental
536 hygiene assessment, treatment planning and evaluation; and
537 collaboration in the implementation of the oral health care regimen.

538 Sec. 22. Section 17b-492 of the general statutes is repealed and the
539 following is substituted in lieu thereof:

540 (a) Eligibility for participation in the program shall be limited to any
541 resident (1) who is sixty-five years of age or older or who is disabled,
542 (2) (A) whose annual income, if unmarried, is less than thirteen
543 thousand eight hundred dollars, except after April 1, 2002, such annual
544 income is less than twenty thousand dollars, or whose annual income,
545 if married, when combined with that of [his] the resident's spouse is
546 less than sixteen thousand six hundred dollars, except after April 1,
547 2002, such combined annual income is less than twenty-seven
548 thousand one hundred dollars, or (B) in the event the program is
549 granted a waiver to be eligible for federal financial participation, then,
550 after July 1, 2002, whose annual income, if unmarried, is less than
551 twenty-five thousand eight hundred dollars, or whose annual income,
552 if married, when combined with that of the resident's spouse is less
553 than thirty-four thousand eight hundred dollars, (3) who is not insured
554 under a policy which provides full or partial coverage for prescription
555 drugs once a deductible amount is met, and (4) on and after September
556 15, 1991, who pays an annual twenty-five-dollar registration fee to the
557 Department of Social Services. Effective January 1, 2002, the
558 commissioner shall commence accepting applications from individuals
559 who will become eligible to participate in the program as of April 1,
560 2002. On January 1, 1998, and annually thereafter, the commissioner
561 shall, by the adoption of regulations in accordance with chapter 54,

562 increase the income limits established under this subsection over those
563 of the previous fiscal year to reflect the annual inflation adjustment in
564 Social Security income, if any. Each such adjustment shall be
565 determined to the nearest one hundred dollars.

566 (b) Payment for a prescription under the program shall be made
567 only if no other plan of insurance or assistance is available to an
568 eligible person for such prescription at the time of dispensing. The
569 pharmacy shall make reasonable efforts to ascertain the existence of
570 other insurance or assistance.

571 (c) Any eligible resident who (1) is insured under a policy which
572 provides full or partial coverage for prescription drugs, and (2) expects
573 to exhaust such coverage, may apply to participate in the program
574 prior to the exhaustion of such coverage. Such application shall be
575 valid for the applicable income year. To be included in the program, on
576 or after the date the applicant exhausts such coverage, [he or his] the
577 applicant or the applicant's designee shall notify the department that
578 such coverage is exhausted and, if required by the department, shall
579 submit evidence of exhaustion of coverage. Not later than ten days
580 after an eligible resident submits such evidence, [he] such resident
581 shall be included in the program. The program shall (A) cover
582 prescriptions that are not covered by any other plan of insurance or
583 assistance available to the eligible resident and that meet the
584 requirements of this chapter, and (B) retroactively cover such
585 prescriptions filled after or concurrently with the exhaustion of such
586 coverage. Nothing in this subsection shall be construed to prevent a
587 resident from applying to participate in the program as otherwise
588 permitted by this chapter and regulations adopted pursuant to this
589 chapter.

590 (d) The Commissioner of Social Services may adopt regulations in
591 accordance with the provisions of chapter 54 to implement the
592 provisions of subsection (c) of this section. Such regulations may
593 provide for the electronic transmission of relevant coverage

594 information between a pharmacist and the department or between an
595 insurer and the department in order to expedite applications and
596 notice.

597 Sec. 23. Section 17b-296 of the general statutes is repealed and the
598 following is substituted in lieu thereof:

599 (a) Each managed care plan shall include sufficient numbers of
600 appropriately trained and certified clinicians of pediatric care,
601 including primary, medical subspecialty and surgical specialty
602 physicians, as well as providers of necessary related services such as
603 dental services, mental health services, social work services,
604 developmental evaluation services, occupational therapy services,
605 physical therapy services, speech therapy and language services,
606 school-linked clinic services and other public health services to assure
607 enrollees the option of obtaining benefits through such providers.

608 (b) Each managed care organization that on or after the effective
609 date of this section, enters into a contract with the department to
610 provide comprehensive services under the HUSKY Plan, Part A or the
611 HUSKY Plan, Part B, or both, shall have primary responsibility for
612 ensuring that its behavioral health and dental subcontractors adhere to
613 the contract between the department and the managed care
614 organization, including the provision of timely payments to providers
615 and interest payments in accordance with subdivision (15) of section
616 38a-816. The managed care organization shall submit to the
617 department a claims aging inventory report including all data on all
618 services paid by subcontractors in accordance with the terms of the
619 contract with the department.

620 (c) Upon the initial contract or the renewal of a contract between a
621 managed care organization and a behavioral health or dental
622 subcontractor, the department shall require that the managed care
623 organizations impose a performance bond, letter of credit, statement of
624 financial reserves or payment withhold for behavioral health and
625 dental subcontractors that provide services under the HUSKY Plan,

626 Part A or the HUSKY Plan, Part B, or both. Any such performance
627 bond, letter of credit, statement of financial reserves or payment
628 withhold that may be required by the department pursuant to a
629 contract with a managed care organization shall be in an amount
630 sufficient to assure the settlement of provider claims in the event that
631 the contract between the managed care organization and the
632 behavioral health or dental subcontractor is terminated. Upon the
633 initial contract or the renewal of a contract between a managed care
634 organization and a behavioral health or dental subcontractor, the
635 managed care organization shall negotiate and enter into a contract
636 termination agreement with its behavioral health and dental
637 subcontractors that shall include, but not be limited to, provisions
638 concerning financial responsibility for the final settlement of provider
639 claims and data reporting to the department. The managed care
640 organization shall submit reports to the department, at such times as
641 the department shall determine, concerning any payments made from
642 such performance bond or any payment withholds, the timeliness of
643 claim payments to providers and the payment of any interest to
644 providers.

645 (d) Prior to the approval by the department of a contract between a
646 managed care organization and a behavioral health and dental
647 subcontractor for services provided under the HUSKY Plan, Part A or
648 the HUSKY Plan, Part B, or both, the managed care organization shall
649 submit a plan to the department for the resolution of any outstanding
650 claims submitted by providers to a previous behavioral health or
651 dental subcontractor of the managed care organization for services
652 provided to members enrolled in the HUSKY Plan, Part A or the
653 HUSKY Plan, Part B, or both. Such plan for the resolution of
654 outstanding claims shall include a claims aging inventory report and
655 shall comply with the terms of the contract between the department
656 and the managed care organization.

657 Sec. 24. Section 46a-33a of the general statutes is repealed and the
658 following is substituted in lieu thereof:

659 (a) For the purposes of this section:

660 (1) "Interpreting" means the translating or transliterating of English
661 concepts to specialized vocabulary used by a person who is deaf or
662 hard of hearing or means the translating of a deaf or hard of hearing
663 person's specialized vocabulary to English concepts. Specialized
664 vocabulary concepts include, but are not limited to, the use of
665 American sign language, English-based sign language, cued speech,
666 oral transliterating and information received tactually;

667 (2) "Legal setting" means any criminal or civil action involving the
668 Superior Court or its agents, any investigation conducted by a duly
669 authorized law enforcement agency, employment related hearings and
670 appointments requiring the presence of an attorney; [and]

671 (3) "Medical setting" means medical related situations including
672 mental health treatment, psychological evaluations, substance abuse
673 treatment, crisis intervention and appointments or treatment requiring
674 the presence of a doctor or nurse; and

675 (4) "Educational setting" means a school or other educational
676 institution, including elementary, high school and post-graduation
677 schools where interpretive services are provided to a student.

678 (b) Commencing October 1, 1998, and annually thereafter, all
679 persons providing interpreting services shall register with the
680 Commission on the Deaf and Hearing Impaired. Such registration shall
681 be on a form prescribed or furnished by the commission and shall
682 include the registrant's name, address, phone number, place of
683 employment as interpreter and interpreter certification or credentials.
684 Commencing July 1, 2001, and annually thereafter, the commission
685 shall issue identification cards for those who register in accordance
686 with this section.

687 (c) On and after July 1, 2001, no person shall provide interpreting
688 services unless such person is registered with the commission

689 according to the provisions of this section and (1) has passed the
690 National Registry of Interpreters for the Deaf written generalist test
691 and holds a level three certification provided by the National
692 Association of the Deaf and documents the achievement of two
693 continuing education units per year for a maximum of five years of
694 commission approved training, (2) has passed the National Registry of
695 Interpreters for the Deaf written generalist test and is a graduate of an
696 accredited interpreter training program and documents the
697 achievement of two continuing education units per year for a
698 maximum of five years of commission approved training, (3) holds a
699 level four certification or higher from the National Association of the
700 Deaf, (4) holds certification by the National Registry of Interpreters for
701 the Deaf, (5) for situations requiring an oral interpreter only, holds oral
702 certification from the National Registry of Interpreters for the Deaf, (6)
703 for situations requiring a cued speech transliterator only, holds
704 certification from the National Training, Evaluation and Certification
705 Unit and has passed the National Registry of Interpreters for the Deaf
706 written generalist test, or (7) holds a reverse skills certificate or is a
707 certified deaf interpreter under the National Registry of Interpreters of
708 the Deaf.

709 (d) On and after July 1, 2001, no person shall provide interpreting
710 services in a medical setting unless such person is registered with the
711 commission according to the provisions of this section and holds (1) a
712 comprehensive skills certificate from the National Registry of
713 Interpreters for the Deaf, (2) a certificate of interpretation or a
714 certificate of transliteration from the National Registry of Interpreters
715 for the Deaf, (3) a level [five] four certification from the National
716 Association of the Deaf, (4) a reverse skills certificate or is a certified
717 deaf interpreter under the National Registry of Interpreters of the Deaf,
718 (5) for situations requiring an oral interpreter only, oral certification
719 from the National Registry of Interpreters for the Deaf, or (6) for
720 situations requiring a cued speech transliterator only, certification
721 from the National Training, Evaluation and Certification Unit and has
722 passed the National Registry of Interpreters for the Deaf written

723 generalist test.

724 (e) No person shall provide interpreting services in a legal setting
725 unless such person is registered with the commission according to the
726 provisions of this section and holds (1) a comprehensive skills
727 certificate from the National Registry of Interpreters for the Deaf, (2) a
728 certificate of interpretation and a certificate of transliteration from the
729 National Registry of Interpreters for the Deaf, (3) a level five
730 certification from the National Association of the Deaf, (4) a reverse
731 skills certificate or is a certified deaf interpreter under the National
732 Registry of Interpreters of the Deaf, (5) for situations requiring an oral
733 interpreter only, oral certification from the National Registry of
734 Interpreters for the Deaf, or (6) for situations requiring a cued speech
735 transliterator only, certification from the National Training, Evaluation
736 and Certification Unit and has passed the National Registry of
737 Interpreters for the Deaf written generalist test.

738 (f) The requirements of this section shall apply to persons who
739 receive compensation for the provision of interpreting services and
740 include those who provide interpreting services as part of their job
741 duties.

742 (g) The provisions of subsection (c) of this section shall not apply to
743 any person providing interpreting services in an educational setting
744 until July 1, 2003.

745 Sec. 25. (NEW) Any state agency that places a child, as defined in
746 section 17a-93 of the general statutes, in a residential facility shall enter
747 into a written agreement with the facility at the time of the placement.
748 Such written agreement shall establish clear standards for the child's
749 care and treatment, including, but not limited to, requirements for
750 monthly written reports concerning the child's care and treatment,
751 addressed to the case worker overseeing the child's placement. The
752 monthly written reports shall set forth child-specific goals and
753 expectations for treatment and progress. The written agreement shall
754 require the facility to report promptly to the placing agency any

755 allegation that the child is abused or neglected, as defined in section
756 46b-120 of the general statutes, or any incident of abuse or neglect of
757 an individual placed in the facility. The placing agency shall ensure
758 that a discharge plan is initiated within two weeks of the child's
759 placement in the facility.

760 Sec. 26. (a) The Commissioner of Social Services, in collaboration
761 with the Office of Health Care Access and the Office of Policy and
762 Management, shall prepare a plan for the purchase of employer-
763 sponsored health insurance for adults or children. The plan may
764 include, but shall not be limited to, recommendations on the following:
765 (1) A sliding scale of copremium subsidies for employees, their
766 spouses or children with a family income of up to three hundred per
767 cent of the federal poverty level; (2) minimum benefit standards for
768 participating employer-sponsored health plans; (3) the fiscal impact on
769 state spending, including anticipated reductions in other health-related
770 expenditures; (4) maximization of federal Title XXI allocations and
771 Medicaid reimbursement; (5) review of potential for appropriate
772 copremium subsidy during periods of unemployment; (6) strategies to
773 address the service wraparound for eligible recipients; (7)
774 infrastructure and resource requirements of implementation; (8)
775 assessment of the impact of applying the copremium subsidy plan to
776 enrollees of the HUSKY Plan, Part A and Part B; and (9) a timeline to
777 achieve implementation beginning January 1, 2003.

778 (b) Not later than March 1, 2002, the commissioner shall submit
779 such plan to the joint standing committees of the General Assembly
780 having cognizance of matters relating to human services, public health,
781 insurance and appropriations and the budgets of state agencies.

782 Sec. 27. Subsections (e) and (f) of section 52-362 of the general
783 statutes are repealed and the following is substituted in lieu thereof:

784 (e) A withholding order shall issue in the amount necessary to
785 enforce a support order against only such nonexempt income of the
786 obligor as exceeds the greater of (1) eighty-five per cent of the first one

787 hundred forty-five dollars per week of disposable income, or (2) the
788 amount exempt under Section 1673 of Title 15 of the United States
789 Code, or against any lesser amount which the court or family support
790 magistrate deems equitable. The withholding order shall secure
791 payment of past and future amounts due under the support order and
792 an additional amount computed in accordance with the child support
793 guidelines established in accordance with section 46b-215a, to be
794 applied toward liquidation of any arrearage accrued under such order,
795 unless contested by the obligor after a notice has been served pursuant
796 to subsection (c) of this section, in which case the court or family
797 support magistrate may determine the amount to be applied toward
798 the liquidation of the arrearage found to have accrued under prior
799 order of the court or family support magistrate. In no event shall such
800 additional amount be applied if there is an existing arrearage order
801 from the court or family support magistrate in a IV-D support case, as
802 defined in subdivision (13) of subsection (b) of section 46b-231. Any
803 investigator or other authorized employee of the Bureau of Child
804 Support Enforcement within the Department of Social Services, or any
805 officer of [the] Support Enforcement [Division] Services of the Superior
806 Court, shall issue a withholding order pursuant to this subsection
807 when the obligor becomes subject to withholding under subsection (c)
808 of this section. On service of the order of withholding on an existing or
809 any future employer or other payer of income, and until the support
810 order is fully satisfied or modified, the order of withholding is a
811 continuing lien and levy on the obligor's income as it becomes due.

812 (f) Commencing no later than the first pay period in the case of an
813 employer, or the date of periodic payment in the case of a payer of
814 income other than an employer, that occurs after fourteen days
815 following the date of service of an order for withholding and within
816 seven business days of the date the obligor is paid thereafter, an
817 employer or other payer of income shall pay sums withheld pursuant
818 to the withholding order to the state disbursement unit, as required by
819 subsection (p) of this section. [When orders for withholding are
820 payable on behalf of a dependent in a IV-D support case, as defined in

821 subdivision (14) of subsection (b) of section 46b-231, the] The employer
822 or other payer of income (1) shall specify the dates on which each
823 withholding occurred and the amount withheld for each obligor on
824 each such date, and (2) may combine all withheld amounts into a
825 single payment to the state disbursement unit with the portion thereof
826 which is attributable to each individual obligor being separately
827 designated. If an employer or other payer of income fails to withhold
828 from income due an obligor pursuant to an order for withholding or
829 fails to make those payments, such employer or other payer of income
830 is liable to such person for the full amount of income not withheld
831 since receipt of proper notice in an action therefor, and the amount
832 secured in the action shall be applied by such person toward the
833 arrearage owed by the obligor. Such employer or other payer of
834 income shall be subject to a finding of contempt by the court or family
835 support magistrate for failure to honor such order for withholding,
836 provided service of the order is made in accordance with section 52-57
837 or by certified mail, return receipt requested.

838 Sec. 28. Subsection (h) of section 52-362 of the general statutes is
839 repealed and the following is substituted in lieu thereof:

840 (h) Service of any process under this section, including any notice,
841 may be made in accordance with section 52-57, or by certified mail,
842 return receipt requested. If service is made on behalf of the state, it
843 may be made by an authorized employee of [the] Support Enforcement
844 [Division of the court] Services, or by an investigator or other officer of
845 the Bureau of Child Support Enforcement within the Department of
846 Social Services or by an investigator of the Department of
847 Administrative Services or by the Attorney General. Service of income
848 withholding orders by Support Enforcement Services or by an
849 investigator or other officer of said bureau upon an employer under
850 this section may be made in accordance with section 52-57, by certified
851 mail, return receipt requested, or by first class mail.

852 Sec. 29. (NEW) (a) As used in this section: (1) "Underemployed"

853 means an individual: (A) Working part time but seeking full-time
854 work; or (B) working full-time but receiving wages below the poverty
855 level determined in accordance with criteria established by the Labor
856 Commissioner, in cooperation with the Commissioner of Social
857 Services; (2) "unemployed" means an individual who is without a job,
858 is available for work and is seeking full-time work; (3) "economically
859 disadvantaged" means an individual who meets the criteria
860 established by the Labor Commissioner; and (4) "comprehensive job
861 training and related services" means recruitment, counseling
862 remediation, motivational prejob training, vocational training, job
863 development, job placement and other appropriate services enabling
864 individuals to secure and retain employment at their maximum
865 capacity.

866 (b) The Labor Commissioner shall establish a program of grants for:
867 (1) Comprehensive job training and related services or job
868 opportunities programs for economically disadvantaged, unemployed
869 and underemployed individuals, including persons of limited English-
870 speaking ability, through opportunities industrialization centers and
871 other community-based organizations; and (2) the establishment and
872 operation in the state of these centers and organizations.

873 (c) The Labor Commissioner shall adopt regulations, in accordance
874 with the provisions of chapter 54 of the general statutes, establishing
875 criteria for the distribution of funds under this section and shall adopt
876 regulations, in accordance with chapter 54 of the general statutes, to
877 further implement the purposes of this section. The criteria shall
878 include requirements that: (1) The program receiving state assistance:
879 (A) Involves the Commissioner of Social Services in the planning of the
880 program; (B) involves residents in the region to be served by the
881 program in the planning and operation of the program; (C) involves
882 the business community in the region to be served by the program in
883 its development and operation; and (D) gives priority to persons who
884 receive general assistance or state-administered general assistance
885 benefits; and (2) a program receiving financial assistance has adequate

886 internal administrative controls, accounting procedures, personnel
887 standards, evaluation procedures, availability of in-service training
888 and technical assistance programs and other policies as are necessary
889 to promote the effective use of funds received under said programs.

890 Sec. 30. Subsection (b) of section 17b-78 of the general statutes is
891 repealed and the following is substituted in lieu thereof:

892 (b) Notwithstanding the provisions of sections 4-230 to 4-236,
893 inclusive, the Commissioner of Social Services shall adopt regulations,
894 in accordance with the provisions of chapter 54, concerning the
895 conduct of audits of all general assistance programs in towns where
896 the commissioner has determined an audit shall be conducted. The
897 regulations shall include a clear statistical methodology for conducting
898 such audits and shall provide that such audits be conducted in
899 accordance with the generally accepted auditing standards recognized
900 by the Comptroller General of the United States and the American
901 Institute of Certified Public Accountants. The audits shall include: (1)
902 A financial review of each town's accounts; (2) a selection and
903 sampling methodology for choosing cases to be reviewed in each
904 town; [L] and (3) a review of such selected cases to determine
905 compliance with significant eligibility, supported work, education and
906 training and program regulations.

907 Sec. 31. Subsection (a) of section 37 of public act 99-279, as amended
908 by section 11 of public act 00-2 of the June special session, is amended
909 to read as follows:

910 (a) On and after the effective date of section 37 of public act 99-279,
911 the Commissioner of Social Services shall establish a state-funded pilot
912 program to allow not more than ten persons to receive services under
913 the Connecticut home-care program for the elderly established under
914 section 17b-342 of the general statutes (1) provided such persons
915 would be eligible for the Medicaid-funded portion of the Connecticut
916 home-care program for the elderly except that their monthly income
917 exceeds the amount allowed under said program by not more than one

918 hundred dollars and formerly received services under said program,
919 and (2) only after an evaluation and a determination by said
920 commissioner that such persons would require care in a long-term care
921 facility if such persons did not receive services under said program.
922 Services provided and contributions required under the pilot program
923 shall be equivalent to those under the Medicaid-funded portion of the
924 Connecticut home-care program for the elderly. Said pilot program
925 shall terminate on the date on which such services are covered under
926 the Medicaid-funded portion of the Connecticut home-care for the
927 elderly [or July 1, 2001, whichever is sooner]. Such persons who
928 participate in the pilot program may continue to receive services under
929 said program provided all other conditions of eligibility are met.

930 Sec. 32. Section 17b-802 of the general statutes is repealed and the
931 following is substituted in lieu thereof:

932 (a) The Commissioner of Social Services shall establish, within
933 available appropriations, and administer a security deposit guarantee
934 program for persons who are recipients of temporary family
935 assistance, aid under the state supplement program, state-
936 administered general assistance or general assistance and to persons
937 who have a documented showing of financial need and are residing in
938 emergency shelters or other emergency housing or who cannot remain
939 in permanent housing due to any reason specified in subsection (a) of
940 section 17b-808 or is served a notice to quit in a summary process
941 action instituted pursuant to chapter 832, for use by such persons in
942 lieu of a security deposit on a rental dwelling unit. Eligible persons
943 may receive a security deposit guarantee in an amount not to exceed
944 the equivalent of [one month's] two months' rent on such rental unit. [,
945 except that upon a documented showing of financial need, the
946 commissioner may approve a security deposit guarantee in an amount
947 not to exceed the equivalent of two month's rent.] No person may
948 apply for and receive a security deposit guarantee more than once in
949 any eighteen-month period without the express authorization of the
950 Commissioner of Social Services, except as provided in subsection (b)

951 of this section.

952 (b) In the case of any person who qualifies for a guarantee, the
953 Commissioner of Social Services, or any emergency shelter under
954 contract with the Department of Social Services to assist in the
955 administration of the security deposit guarantee program established
956 pursuant to subsection (a) of this section, may execute a written
957 agreement to pay the landlord for any damages suffered by the
958 landlord due to the tenant's failure to comply with such tenant's
959 obligations as defined in section 47a-21, provided the amount of any
960 such payment shall not exceed the amount of the requested security
961 deposit. [If] Notwithstanding the provisions of subsection (a) of this
962 section, if a person who has previously received a grant for a security
963 deposit or a security deposit guarantee becomes eligible for a
964 subsequent security deposit guarantee [the] within eighteen months
965 after a claim has been paid on a prior security deposit guarantee, such
966 person may receive a security deposit guarantee. The amount of the
967 subsequent security deposit guarantee for which such person would
968 otherwise have been eligible shall be reduced by (1) any amount of a
969 previous grant which has not been returned to the department
970 pursuant to section 47a-21, or (2) the amount of any payment made to
971 the landlord for damages pursuant to this subsection.

972 (c) Any payment made pursuant to this section to any person
973 receiving temporary family assistance, aid under the state supplement
974 program, general assistance or state-administered general assistance
975 shall not be deducted from the amount of assistance to which the
976 recipient would otherwise be entitled.

977 (d) On and after July 1, 2000, no special need or special benefit
978 payments shall be made by the commissioner for security deposits
979 from the temporary family assistance, state supplement, state-
980 administered general assistance or general assistance programs.

981 (e) The Commissioner of Social Services may, within available
982 appropriations, [from funds appropriated to the safety net account,] on

983 a case-by-case basis, provide a security deposit grant to a person
984 residing in an emergency shelter or other emergency housing or to a
985 person who cannot remain in permanent housing due to any reason
986 specified in subsection (a) of section 17b-808 or is served of a notice to
987 quit in a summary process action instituted pursuant to chapter 832, in
988 an amount not to exceed the equivalent of one month's rent on such
989 rental unit provided the commissioner determines that emergency
990 circumstances exist which threaten the health, safety or welfare of a
991 child who resides with such person. Such person shall not be eligible
992 for more than one such grant without the authorization of said
993 commissioner. Nothing in this section shall preclude the approval of
994 such one-month security deposit grant in conjunction with a one-
995 month security deposit guarantee.

996 (f) The Commissioner of Social Services may provide a security
997 deposit grant to a person receiving such grant through any emergency
998 shelter under an existing contract with the Department of Social
999 Services to assist in the administration of the security deposit program,
1000 but in no event shall a payment be authorized after October 1, 2000.
1001 Nothing in this section shall preclude the commissioner from entering
1002 into a contract with one or more emergency shelters for the purpose of
1003 issuing security deposit guarantees.

1004 (g) The Commissioner of Social Services shall adopt regulations, in
1005 accordance with the provisions of chapter 54, to administer the
1006 program established pursuant to this section and to set eligibility
1007 criteria for the program, but may implement the program until January
1008 1, 2002, while in the process of adopting such regulations provided
1009 notice of intent to adopt the regulations is published in the Connecticut
1010 Law Journal within twenty days after implementation.

1011 Sec. 33. Subsection (k) of section 46b-129 of the general statutes is
1012 amended by adding subdivision (4) as follows:

1013 (NEW) (4) If the court approves the permanency plan of adoption:
1014 (A) The Commissioner of Children and Families may conduct a

1015 thorough adoption assessment and child-specific recruitment; and (B)
1016 the court may order that the child be photo-listed within thirty days if
1017 the court determines that such photo-listing is in the best interest of the
1018 child. As used in this subdivision, "thorough adoption assessment"
1019 means conducting and documenting face-to-face interviews with the
1020 child, foster care providers, and other significant parties and "child
1021 specific recruitment" means recruiting an adoptive placement targeted
1022 to meet the individual needs of the specific child, including, but not
1023 limited to, use of the media, use of photo-listing services and any other
1024 in-state or out-of-state resources that may be used to meet the specific
1025 needs of the child, unless there are extenuating circumstances that
1026 indicate that these efforts are not in the best interest of the child.

1027 Sec. 34. Section 46b-141 of the general statutes is repealed and the
1028 following is substituted in lieu thereof:

1029 (a) Except as otherwise limited by subsection (i) of section 46b-140,
1030 commitment of children convicted as delinquent by the Superior Court
1031 to the Department of Children and Families shall be for (1) an
1032 indeterminate time up to a maximum of eighteen months, or (2) when
1033 so convicted for a serious juvenile offense, up to a maximum of four
1034 years at the discretion of the court, unless extended as hereinafter
1035 provided.

1036 (b) The Commissioner of Children and Families may [petition the
1037 court] file a motion for an extension of the commitment as provided in
1038 subdivision (1) of subsection (a) beyond the eighteen-month period on
1039 the grounds that such extension is for the best interest of the child or
1040 the community. The court shall give notice to the parent or guardian
1041 and to the child at least fourteen days prior to the hearing upon such
1042 [petition] motion. The court may, after hearing and upon finding that
1043 such extension is in the best interest of the child or the community,
1044 continue the commitment for an additional period of not more than
1045 eighteen months. Not later than twelve months after a child is
1046 committed to the Department of Children and Families in accordance

1047 with subdivision (1) of subsection (a) of this section the court shall
 1048 hold a permanency hearing in accordance with subsection (d) of this
 1049 section. After the initial permanency hearing, subsequent permanency
 1050 hearings shall be held not less frequently than every twelve months
 1051 while the child remains committed to the Department of Children and
 1052 Families.

1053 (c) The [Commissioner of Children and Families shall obtain judicial
 1054 review of] court shall hold a permanency hearing in accordance with
 1055 subsection (d) of this section for each child convicted as delinquent for
 1056 a serious juvenile offense as provided in subdivision (2) of subsection
 1057 (a) of this section within [eighteen] twelve months of commitment to
 1058 the Department of Children and Families and every [eighteen] twelve
 1059 months thereafter if the child remains committed to the Department of
 1060 Children and Families. Such [judicial review] hearing may include the
 1061 submission of a [petition] motion to the court by the commissioner to
 1062 either (1) modify such commitment, or (2) extend the commitment
 1063 beyond such four-year period on the grounds that such extension is for
 1064 the best interest of the child or the community. The court shall give
 1065 notice to the parent or guardian and to the child at least fourteen days
 1066 prior to the hearing upon such [petition] motion. The court, after
 1067 hearing, may modify such commitment or, upon finding that such
 1068 extension is in the best interest of the child or the community, continue
 1069 the commitment for an additional period of not more than eighteen
 1070 months.

1071 (d) At least sixty days prior to each permanency hearing required
 1072 pursuant to subsection (b) or (c) of this section, the Commissioner of
 1073 Children and Families shall file a permanency plan with the court. At
 1074 each permanency hearing, the court shall review and approve a
 1075 permanency plan that is in the best interest of the child and takes into
 1076 consideration the child's need for permanency. Such permanency plan
 1077 may include the goal of: (1) Revocation of commitment and placement
 1078 of the child with the parent or guardian, (2) transfer of guardianship,
 1079 (3) permanent placement with a relative, (4) adoption, or (5) such other

1080 planned permanent living arrangement ordered by the court, provided
1081 the Commissioner of Children and Families has documented a
1082 compelling reason why it would not be in the best interest of the child
1083 for the permanency plan to include the goals in subdivisions (1) to (4),
1084 inclusive, of this subsection. Such other planned permanent living
1085 arrangement may include, but not be limited to, placement of the child
1086 in an independent living program. At any such permanency hearing,
1087 the court shall also determine whether the Commissioner of Children
1088 and Families has made reasonable efforts to achieve the permanency
1089 plan.

1090 ~~[(d)]~~ (e) All other commitments of delinquent, mentally deficient or
1091 mentally ill children by the court pursuant to the provisions of section
1092 46b-140, may be for an indeterminate time. Commitments may be
1093 reopened and terminated at any time by said court, provided the
1094 Commissioner of Children and Families shall be given notice of such
1095 proposed reopening and a reasonable opportunity to present [his] the
1096 commissioner's views thereon. The parents or guardian of such child
1097 may apply not more than twice in any calendar year for such
1098 reopening and termination of commitment. Any order of the court
1099 made under the provisions of this section shall be deemed a final order
1100 for purposes of appeal, except that no bond shall be required nor costs
1101 taxed on such appeal.

1102 Sec. 35. Section 17a-151 of the general statutes, as amended by
1103 section 10 of public act 01-175, is repealed and the following is
1104 substituted in lieu thereof:

1105 (a) The Commissioner of Children and Families shall investigate the
1106 conditions stated in each application made under the provisions of
1107 section 17a-145 and shall require any person [applying] identified on
1108 the application under said section to submit to state and national
1109 criminal history records checks. The commissioner shall investigate the
1110 conditions in each application under the provisions of section 17a-149
1111 and, if the commissioner finds such conditions suitable for the proper

1112 care of children, or for the placing out of children, under such
1113 standards for the promotion of the health, safety, morality and well-
1114 being of such children as the commissioner prescribes, shall issue such
1115 license as is required as promptly as possible, without expense to the
1116 licensee. If, after such investigation, the commissioner finds that the
1117 applicant, notwithstanding good faith efforts, is not able to fully
1118 comply with all the requirements the commissioner prescribes, but
1119 compliance can be achieved with minimal efforts, the commissioner
1120 may issue a provisional license for a period not to exceed sixty days.
1121 The provisional license may be renewed for additional sixty-day
1122 periods, but in no event shall the total of such periods be for longer
1123 than one year. Before issuing any license, the commissioner shall give
1124 to the selectmen of the town wherein such licensee proposes to carry
1125 on the licensed activity ten days' notice in writing that the issuance of
1126 such license is proposed, but such notice shall not be required in case
1127 of intention to issue such license to any corporation incorporated for
1128 the purpose of caring for or placing such children. Each license so
1129 issued shall specify whether it is granted for child-caring or child-
1130 placing purposes, shall state the number of children who may be cared
1131 for, shall be in force twenty-four months from date of issue, and shall
1132 be renewed for the ensuing twenty-four months, if conditions continue
1133 to be satisfactory to the commissioner. The commissioner shall also
1134 provide such periodical inspections and review as shall safeguard the
1135 well-being, health and morality of all children cared for or placed
1136 under a license issued by the commissioner under this section and
1137 shall visit and consult with each such child and with the licensee as
1138 often as the commissioner deems necessary but at intervals of not more
1139 than ninety days. Each licensee under the provisions of this section
1140 shall file annually with the commissioner a report containing such
1141 information concerning its functions, services and operation, including
1142 financial data, as the commissioner requires. Any license issued under
1143 this section may be revoked, suspended or limited by the
1144 commissioner for cause, after notice given to the person or entity
1145 concerned and after opportunity for a hearing thereon. Any party

1146 whose application is denied or whose license is revoked, suspended or
1147 limited by the commissioner may appeal from such adverse decision in
1148 accordance with the provisions of section 4-183. Appeals under this
1149 section shall be privileged in respect to the order of trial assignment.

1150 (b) The criminal history records checks required pursuant to
1151 subsection (a) of this section shall be conducted in accordance with
1152 section 31 of public act 01-175.

1153 (c) The commissioner shall adopt regulations, in accordance with
1154 chapter 54, to establish a staggered schedule for the renewal of licenses
1155 issued pursuant to sections 17a-145 and 17a-149.

1156 Sec. 36. Section 8-206e of the general statutes is repealed and the
1157 following is substituted in lieu thereof:

1158 (a) The Commissioner of Economic and Community Development
1159 shall, within available appropriations, establish a demonstration
1160 housing assistance and counseling program to offer advice on matters
1161 concerning landlord and tenant relations and the financing of owner-
1162 occupied and rental housing purchases, improvements and
1163 renovations. The program shall provide: (1) Educational services
1164 designed to inform landlords and tenants of their respective rights and
1165 responsibilities; (2) dispute mediation services for landlords and
1166 tenants; (3) information on securing housing-related financing,
1167 including mortgage loans, home improvement loans, energy assistance
1168 and weatherization assistance; and (4) such other housing-related
1169 counseling and assistance as the commissioner shall provide by
1170 regulations.

1171 (b) The Commissioner of Economic and Community Development
1172 may, within available appropriations, enter into a contract or contracts
1173 to provide financial assistance in the form of grants-in-aid to nonprofit
1174 corporations, as defined in section 8-39, to carry out the purposes of
1175 subsection (a) of this section.

1176 (c) The Commissioner of Economic and Community Development
1177 shall adopt regulations in accordance with the provisions of chapter 54
1178 to carry out the purposes of subsections (a) and (b) of this section.

1179 (d) The Commissioner of Economic and Community Development
1180 shall establish a demonstration program in [one] up to four United
1181 States Department of Housing and Urban Development, Section 202 [,
1182 elderly housing development and one United States Department of
1183 Housing and Urban Development,] or Section 236 [,] elderly housing
1184 [development] developments to provide assisted living services. [for
1185 persons who are residents of the state.]

1186 (e) The Commissioner of Economic and Community Development
1187 shall establish criteria for making disbursements under the provisions
1188 of subsection (d) of this section which shall include, but are not limited
1189 to: (1) Size of the United States Department of Housing and Urban
1190 Development, Section 202 and Section 236 [,] elderly housing
1191 developments; (2) geographic locations in which the developments are
1192 located; (3) anticipated social and health value to the resident
1193 population; (4) each Section 202 and Section 236 housing
1194 development's designation as a managed residential community, as
1195 defined in section 19-13-D105 of the regulations of Connecticut state
1196 agencies; and (5) the potential community development benefit to the
1197 relevant municipality. Such criteria may specify who may apply for
1198 grants, the geographic locations determined to be eligible for grants,
1199 and the eligible costs for which a grant may be made. For the purposes
1200 of the demonstration program, multiple properties with overlapping
1201 board membership or ownership may be considered a single applicant.

1202 (f) The Commissioner of Economic and Community Development
1203 may adopt regulations, in accordance with the provisions of chapter
1204 54, to implement the provisions of subsections (d) and (e) of this
1205 section.

1206 Sec. 37. Subsection (a) of section 17b-347e of the general statutes is
1207 repealed and the following is substituted in lieu thereof:

1208 (a) The Commissioner of Social Services, in collaboration with the
1209 Commissioner of Economic and Community Development and the
1210 Connecticut Housing Finance Authority, shall establish a
1211 demonstration project to provide subsidized assisted living services, as
1212 defined in section 19-13-D105 of the regulations of Connecticut state
1213 agencies, for persons residing in affordable housing, as defined in
1214 section 8-39a. The demonstration project shall be conducted in at least
1215 three municipalities to be determined by the Commissioner of Social
1216 Services. The demonstration project [may accept applications for up to
1217 three years from June 8, 1998, and] shall be limited to a maximum of
1218 three hundred subsidized dwelling units. Applicants for such
1219 subsidized assisted living services shall be subject to the same
1220 eligibility requirements as the Connecticut home care program for the
1221 elderly pursuant to section 17b-342.

1222 Sec. 38. Subsection (h) of section 17b-340 of the general statutes is
1223 repealed and the following is substituted in lieu thereof:

1224 (h) For the fiscal year ending June 30, 1993, any residential care
1225 home with an operating cost component of its rate in excess of one
1226 hundred thirty per cent of the median of operating cost components of
1227 rates in effect January 1, 1992, shall not receive an operating cost
1228 component increase. For the fiscal year ending June 30, 1993, any
1229 residential care home with an operating cost component of its rate that
1230 is less than one hundred thirty per cent of the median of operating cost
1231 components of rates in effect January 1, 1992, shall have an allowance
1232 for real wage growth equal to sixty-five per cent of the increase
1233 determined in accordance with subsection (q) of section 17-311-52 of
1234 the regulations of Connecticut state agencies, provided such operating
1235 cost component shall not exceed one hundred thirty per cent of the
1236 median of operating cost components in effect January 1, 1992.
1237 Beginning with the fiscal year ending June 30, 1993, for the purpose of
1238 determining allowable fair rent, a residential care home with allowable
1239 fair rent less than the twenty-fifth percentile of the state-wide
1240 allowable fair rent shall be reimbursed as having allowable fair rent

1241 equal to the twenty-fifth percentile of the state-wide allowable fair
1242 rent. Beginning with the fiscal year ending June 30, 1997, a residential
1243 care home with allowable fair rent less than three dollars and ten cents
1244 per day shall be reimbursed as having allowable fair rent equal to
1245 three dollars and ten cents per day. Property additions placed in
1246 service during the cost year ending September 30, 1996, or any
1247 succeeding cost year shall receive a fair rent allowance for such
1248 additions as an addition to three dollars and ten cents per day if the
1249 fair rent for the facility for property placed in service prior to
1250 September 30, 1995, is less than or equal to three dollars and ten cents
1251 per day. For the fiscal year ending June 30, 1996, and any succeeding
1252 fiscal year, the allowance for real wage growth, as determined in
1253 accordance with subsection (q) of section 17-311-52 of the regulations
1254 of Connecticut state agencies shall not be applied. For the fiscal year
1255 ending June 30, 1996, and any succeeding fiscal year, the inflation
1256 adjustment made in accordance with subsection (p) of section
1257 17-311-52 of the regulations of Connecticut state agencies shall not be
1258 applied to real property costs. Beginning with the fiscal year ending
1259 June 30, 1997, minimum allowable patient days for rate computation
1260 purposes for a residential care home with twenty-five beds or less shall
1261 be eighty-five per cent of licensed capacity. Beginning with the fiscal
1262 year ending June 30, [1998] 2002, for the purposes of determining the
1263 allowable salary of an administrator of a residential care home with
1264 sixty beds or less the department shall revise the allowable base salary
1265 to [thirty] thirty-seven thousand dollars to be annually inflated
1266 thereafter in accordance with section 17-311-52 of the regulations of
1267 Connecticut state agencies. [and, beginning] The rates for the fiscal
1268 year ending June 30, 2002, shall be based upon the increased allowable
1269 salary of an administrator, regardless of whether such amount was
1270 expended in the 2000 cost report period upon which the rates are
1271 based. Beginning with the fiscal year ending June 30, 2000, the inflation
1272 adjustment for rates made in accordance with subsection (p) of section
1273 17-311-52 of the regulations of state agencies shall be increased by two
1274 per cent, and beginning with the fiscal year ending June 30, 2002, the

1275 inflation adjustment for rates made in accordance with subsection (c)
1276 of said section shall be increased by one per cent. Beginning with the
1277 fiscal year ending June 30, 1999, for the purpose of determining the
1278 allowable salary of a related party, the department shall revise the
1279 maximum salary to twenty-seven thousand eight hundred fifty-six
1280 dollars to be annually inflated thereafter in accordance with section
1281 17-311-52 of the regulations of Connecticut state agencies and
1282 beginning with the fiscal year ending June 30, 2001, such allowable
1283 salary shall be computed on an hourly basis and the maximum
1284 number of hours allowed for a related party other than the proprietor
1285 shall be increased from forty hours to forty-eight hours per work week.

1286 Sec. 39. Section 17a-50 of the general statutes is repealed and the
1287 following is substituted in lieu thereof:

1288 (a) There is established a Children's Trust Fund the resources of
1289 which shall be used by the council established pursuant to subsection
1290 (b) of this section, to fund programs aimed at preventing child abuse
1291 and neglect and family resource programs. Said fund is intended to be
1292 in addition to those resources that would otherwise be appropriated
1293 by the state for programs aimed at preventing child abuse and neglect
1294 and family resource programs. The Children's Trust Fund Council may
1295 apply for and accept any federal funds which are available for a
1296 Children's Trust Fund and shall administer such funds in the manner
1297 required by federal law. The fund shall receive money from grants and
1298 gifts made pursuant to section 17a-18. The Children's Trust Fund
1299 Council shall adopt regulations, in accordance with the provisions of
1300 chapter 54, to administer the fund and to set eligibility requirements
1301 for programs seeking funding. Youth service bureaus may receive
1302 funds from the Children's Trust Fund. The Parent Trust Fund,
1303 established pursuant to subsection (c) of this section, may receive
1304 funds directed to it through the Children's Trust Fund.

1305 (b) There shall be established, within existing resources, a Children's
1306 Trust Fund Council which shall be within the Department of Children

1307 and Families for administrative purposes only. The council shall be
 1308 composed of sixteen members as follows: (1) The Commissioners of
 1309 the Departments of Social Services, Education, Children and Families
 1310 and Public Health, or their designees; (2) a representative of the
 1311 business community with experience in fund-raising, appointed by the
 1312 president pro tempore of the Senate; (3) a representative of the
 1313 business community with experience in fund-raising, appointed by the
 1314 speaker of the House of Representatives; (4) a representative of the
 1315 business community with experience in fund-raising, appointed by the
 1316 minority leader of the House of Representatives; (5) a representative of
 1317 the business community with experience in fund-raising, appointed by
 1318 the minority leader of the Senate; (6) a parent, appointed by the
 1319 majority leader of the House of Representatives; (7) a parent,
 1320 appointed by the majority leader of the Senate; (8) a parent, appointed
 1321 by the president pro tempore of the Senate; (9) a person with expertise
 1322 in child abuse prevention, appointed by the speaker of the House of
 1323 Representatives; (10) a person with expertise in child abuse prevention,
 1324 appointed by the minority leader of the House of Representatives; (11)
 1325 a staff member of a child abuse prevention program, appointed by the
 1326 minority leader of the Senate; (12) a staff member of a child abuse
 1327 prevention program, appointed by the majority leader of the House of
 1328 Representatives; and (13) a pediatrician, appointed by the majority
 1329 leader of the Senate. The council shall solicit and accept funds, on
 1330 behalf of the Children's Trust Fund, to be used for the prevention of
 1331 child abuse and neglect and family resource programs, or on behalf of
 1332 the Parent Trust Fund, to be used for parent community involvement
 1333 to improve the health, safety and education of children, and shall make
 1334 grants to programs pursuant to [subsection (a)] subsections (a) and (c)
 1335 of this section.

1336 (c) There is established a Parent Trust Fund which shall be used to
 1337 fund programs aimed at improving the health, safety and education of
 1338 children by training parents in civic leadership skills and supporting
 1339 increased, sustained, quality parental engagement in community
 1340 affairs. The fund shall receive federal or private money from grants

1341 and gifts made pursuant to section 17a-18, as amended by this act.

1342 [(c)] (d) On or before July 1, 1997, and annually thereafter, the
1343 Children's Trust Fund Council shall report to the joint standing
1344 committees of the General Assembly having cognizance of matters
1345 relating to human services, public health and education concerning the
1346 source and amount of funds received by the Children's Trust Fund and
1347 the Parent Trust Fund, and the manner in which such funds were
1348 administered and disbursed.

1349 Sec. 40. Section 17a-18 of the general statutes is repealed and the
1350 following is substituted in lieu thereof:

1351 The Commissioner of Children and Families may accept and receive
1352 on behalf of the department or any institution or facility thereof, or on
1353 behalf of the Children's Trust Fund or the Parent Trust Fund
1354 established pursuant to section 17a-50, subject to section 4b-22, any
1355 bequest, devise or grant made to the department or to any institution
1356 or facility thereof, or to such Children's Trust Fund or Parent Trust
1357 Fund, and may hold and use such property for the purpose specified
1358 in such bequest, devise or gift.

1359 Sec. 41. (a) There is established an Eastern Connecticut
1360 Transportation Access Project to provide, within available
1361 appropriations, transportation to jobs in Eastern Connecticut for
1362 persons residing in the following uniform regional service areas, as
1363 designated by the Office of Policy and Management under sections
1364 17b-6 and 16a-4a of the general statutes: (1) The North Central Service
1365 Area (Greater Hartford); (2) the South Central Service Area (Greater
1366 New Haven); and (3) the Eastern Connecticut Service Area.

1367 (b) Funding for the Eastern Connecticut Transportation Access
1368 Project shall be expended through the Transportation Employment
1369 Independence Program and its collaborative planning and oversight
1370 process. The funding shall be contingent upon receipt of matching
1371 funds or in-kind services from private employers.

1372 (c) Funding for the Eastern Connecticut Transportation Access
1373 Project shall be divided in the following manner: (1) At least forty per
1374 cent but not more than fifty per cent shall be directed to the North
1375 Central Service Area; (2) at least twenty per cent but not more than
1376 thirty per cent shall be directed to the South Central Service Area; and
1377 (3) at least twenty per cent but not more than thirty per cent shall be
1378 directed to the Eastern Service Area. The facilitators of the three service
1379 areas shall jointly prioritize funding levels of this subsection above the
1380 minimum up to the maximum.

1381 Sec. 42. Section 17a-1 of the general statutes is repealed and the
1382 following is substituted in lieu thereof:

1383 As used in sections 17a-1 to 17a-26, inclusive, as amended by this
1384 act, 17a-28 to 17a-49, inclusive, 17a-127, as amended by this act, and
1385 46b-120:

1386 (1) "Commissioner" means the Commissioner of Children and
1387 Families;

1388 (2) "Council" means the State Advisory Council on Children and
1389 Families;

1390 (3) "Advisory committee" means the Children's Behavioral Health
1391 Advisory Committee to the council;

1392 ~~[(3)]~~ (4) "Department" means the Department of Children and
1393 Families;

1394 ~~[(4)]~~ (5) "Child" means any person under sixteen years of age;

1395 ~~[(5)]~~ (6) "Youth" means any person at least sixteen [to eighteen]
1396 years of age and under nineteen years of age;

1397 ~~[(6)]~~ (7) "Delinquent child" shall have the meaning ascribed thereto
1398 in section 46b-120;

1399 ~~[(7)]~~ (8) "Child or youth with [mental illness] behavioral health

1400 needs" means a child or youth who is suffering from one or more
1401 mental disorders as defined in the most recent edition of the American
1402 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
1403 Disorders";

1404 [(8) "Child or youth with emotional disturbance" means a child or
1405 youth who has a clinically significant emotional or behavioral
1406 disorder, as determined by a trained mental health professional, that
1407 disrupts the academic or developmental progress, family or
1408 interpersonal relationships of such child or youth or is associated with
1409 present distress or disability or a risk of suffering death, pain or
1410 disability;]

1411 (9) "Individual [system of care] service plan" means a written plan
1412 [developed by the Commissioner of Children and Families] to access
1413 specialized, coordinated and integrated care for a child or youth [who
1414 is mentally ill, emotionally disturbed or seriously emotionally
1415 disturbed or who is at placement risk which shall be developed when
1416 such child or youth needs services from at least two public agencies
1417 and] with complex behavioral health service needs which shall be
1418 designed to meet the needs of the child or youth and his or her family
1419 and may include, when appropriate (A) an assessment of the
1420 individual needs of the child or youth, (B) an identification of service
1421 needs, (C) an identification of services which are currently being
1422 provided, (D) an identification of opportunities for full participation by
1423 parents or emancipated minors, (E) include a reintegration plan when
1424 an out-of-home placement is made or recommended, (F) an
1425 identification of criteria for evaluating the effectiveness and
1426 appropriateness of such plan, and (G) coordination of the individual
1427 service plan with any educational services provided to the child or
1428 youth. The plan shall be subject to review at least every six months or
1429 upon reasonable request by the parent based on a changed
1430 circumstance, and be approved, in writing, by the parents, guardian of
1431 a child or youth and emancipated minors;

1432 (10) "Family" means a child or youth [who is mentally ill,
1433 emotionally disturbed or seriously emotionally disturbed or who is at
1434 placement risk] with behavioral health needs together with (A) one or
1435 more biological or adoptive parents, except for a [biological] parent
1436 whose parental rights have been terminated, (B) one or more persons
1437 to whom legal custody or guardianship has been given, or (C) one or
1438 more [adult family members] adults who have a primary
1439 responsibility for providing continuous care to such child or youth;

1440 [(11) "Child or youth at placement risk" means a mentally ill,
1441 emotionally disturbed or seriously emotionally disturbed child or
1442 youth who is at risk of placement out of his home or is in placement
1443 out of his home for the primary purpose of receiving mental health
1444 treatment;]

1445 [(12)] (11) "Parent" means a biological or adoptive parent, except a
1446 [biological] parent whose parental rights have been terminated;

1447 [(13)] (12) "Guardian" means a person who has a judicially created
1448 relationship between a child or youth and such person which is
1449 intended to be permanent and self-sustaining as evidenced by the
1450 transfer to such person of the following parental rights with respect to
1451 the child or youth: (A) The obligation of care and control; (B) the
1452 authority to make major decisions affecting the child's or youth's
1453 welfare, including, but not limited to, consent determinations
1454 regarding marriage, enlistment in the armed forces and major medical,
1455 psychiatric or surgical treatment; (C) the obligation of protection of the
1456 child or youth; (D) the obligation to provide access to education; and
1457 (E) custody of the child or youth; [and]

1458 [(14)] (13) "Serious emotional disturbance" and "seriously
1459 emotionally disturbed" means, with regard to a child or youth, that the
1460 child or youth (A) has a range of diagnosable mental, behavioral or
1461 emotional disorders of sufficient duration to meet diagnostic criteria
1462 specified in the most recent edition of the American Psychiatric
1463 Association's "Diagnostic and Statistical Manual of Mental Disorders",

1464 and (B) exhibits behaviors that substantially interfere with or limit the
1465 child's or youth's ability to function in the family, school or community
1466 and are not a temporary response to a stressful situation;

1467 (14) "Child or youth with complex behavioral health service needs"
1468 means a child or youth with behavioral health needs who needs
1469 specialized, coordinated behavioral health services;

1470 (15) "Transition services" means services in the areas of education,
1471 employment, housing and community living designed to assist a youth
1472 with a serious emotional disturbance who is transitioning into
1473 adulthood; and

1474 (16) "Community collaborative" means a local consortium of public
1475 and private health care providers, parents and guardians of children
1476 with behavioral health needs and service and education agencies that
1477 have organized to develop coordinated comprehensive community
1478 resources for children or youth with complex behavioral health service
1479 needs and their families in accordance with principles and goals of
1480 Connecticut Community KidCare.

1481 Sec. 43. Section 17a-22a of the general statutes is repealed and the
1482 following is substituted in lieu thereof:

1483 (a) The Commissioner of Social Services and the Commissioner of
1484 Children and Families shall, within available appropriations, develop
1485 and administer an integrated behavioral health service delivery system
1486 [for children and youth with serious emotional disturbances who meet
1487 the criteria established in accordance with subdivision (1) of subsection
1488 (a) of section 5 of public act 00-2 of the June special session* and who
1489 are eligible to receive services from the HUSKY Plan, Part A or Part B,
1490 the HUSKY Plus program for intensive behavioral health needs or
1491 voluntary services provided through the Department of Children and
1492 Families] to be known as Connecticut Community KidCare. Said
1493 system shall provide services to children and youth with behavioral
1494 health needs who are in the custody of the Department of Children

1495 and Families, who are eligible to receive services from the HUSKY
1496 Plan, Part A or the federally subsidized portion of Part B, or receive
1497 services under the voluntary services program operated by the
1498 Department of Children and Families. All necessary changes to the IV-
1499 E, Title XIX and Title XXI state plans shall be made to maximize federal
1500 financial participation. The Commissioner of Social Services may
1501 amend the state Medicaid plan to facilitate the claiming of federal
1502 reimbursement for private nonmedical institutions as defined in the
1503 Social Security Act. The Commissioner of Social Services may
1504 implement policies and procedures necessary to provide
1505 reimbursement for the services provided by private nonmedical
1506 institutions, as defined in 42 CFR Part 434, while in the process of
1507 adopting such policies and procedures in regulation form, provided
1508 the commissioner prints notice of intention to adopt the regulations in
1509 the Connecticut Law Journal within twenty days of implementing such
1510 policies and procedures. Policies and procedures implemented
1511 pursuant to this subsection, shall be valid until the time such
1512 regulations are effective.

1513 [(b) Not later than October 1, 2000, said]

1514 (b) Connecticut Community KidCare shall, within available
1515 appropriations, provide a comprehensive benefit package of
1516 behavioral health specialty services. The HUSKY Plan shall continue to
1517 provide primary behavioral health services and may provide
1518 additional behavioral health services to be determined by the
1519 Department of Social Services and shall assure an integration of such
1520 services with the behavioral health services provided by Connecticut
1521 Community KidCare.

1522 (c) Connecticut Community KidCare shall include: (1) A system of
1523 care model in which service planning is based on the needs and
1524 preferences of the child or youth and his or her family and that places
1525 an emphasis on early identification, prevention and treatment; (2) a
1526 comprehensive behavioral health program with a flexible benefit

1527 package that shall include clinically necessary and appropriate home
 1528 and community-based treatment services and comprehensive support
 1529 services in the least restrictive setting; (3) community-based care
 1530 planning and service delivery, including services and supports for
 1531 children from birth through early childhood that link Connecticut
 1532 Community KidCare to the early childhood community and promote
 1533 emotional wellness; (4) comprehensive children and youth behavioral
 1534 health training for agency and system staff and interested parents and
 1535 guardians; (5) an efficient balance of local participation and state-wide
 1536 administration; (6) integration of agency funding to support the benefit
 1537 package; (7) a performance measurement system for monitoring
 1538 quality and access; (8) accountability for quality, access and cost; (9)
 1539 elimination of the major gaps in services and barriers to access
 1540 services; (10) a system of care that is family-focused with respect for
 1541 the legal rights of the child or youth and his or her parents and
 1542 provides training, support and family advocacy services; (11)
 1543 assurances of timely payment of service claims; (12) assurances that no
 1544 child or youth shall be disenrolled or inappropriately discharged due
 1545 to behavioral health care needs; and (13) identification of youths in
 1546 need of transition services to adult systems.

1547 (d) Said commissioners shall enter into a memorandum of
 1548 understanding for the purpose of the joint administration of [an
 1549 integrated behavioral health service delivery system] Connecticut
 1550 Community KidCare. Such memorandum of understanding shall
 1551 establish mechanisms to administer [combined] funding, establish
 1552 standards for, and monitor implementation of, [the integrated
 1553 behavioral health service delivery system] Connecticut Community
 1554 KidCare and specify that (1) the Department of Social Services, which
 1555 is the agency designated as the single state agency for the
 1556 administration of the Medicaid program pursuant to Title XIX of the
 1557 Social Security Act and is the agency responsible for the administration
 1558 of HUSKY Plan, Part B under Title XXI of the Social Security Act,
 1559 manage all Medicaid and HUSKY Plan modifications, waiver
 1560 amendments, federal reporting and claims processing and provide

1561 financial management, and (2) the Department of Children and
1562 Families, which is the state agency responsible for administering and
1563 evaluating a comprehensive and integrated state-wide program of
1564 services for children and youth [who are seriously emotionally
1565 disturbed] with behavioral health needs, define the services to be
1566 included in the continuum of care and develop state-wide training
1567 programs [on the systems of care approach] for providers, families and
1568 other persons.

1569 [(c) Not later than October 1, 2000, said commissioners shall
1570 complete the memorandum of understanding, establish fiscal and
1571 programmatic eligibility guidelines, develop fiscal and programmatic
1572 outcome measures and develop a plan to evaluate the administration
1573 of behavioral health services.

1574 (d) Said commissioners may commence a project of limited scope
1575 and duration in the state fiscal year commencing July 1, 2000, to
1576 implement the provisions of this section in those locations where the
1577 commissioners determine that services are well-developed and a high
1578 degree of cooperation exists among providers.]

1579 (e) Said commissioners shall consult with the Commissioner of
1580 Mental Health and Addiction Services, [and] the Commissioner of
1581 Mental Retardation, the Commissioner of Public Health and the
1582 Commissioner of Education during the development of [the integrated
1583 behavioral health service delivery system] Connecticut Community
1584 KidCare in order to (1) ensure coordination of a delivery system of
1585 behavioral health services across the life span of children, youth and
1586 adults with behavioral health needs, (2) maximize federal
1587 reimbursement and revenue, and (3) ensure the coordination of care
1588 and funding among agencies.

1589 (f) The Commissioner of Social Services and the Commissioner of
1590 Children and Families may apply for any federal waivers or waiver
1591 amendments necessary to implement the provisions of this section.

1592 Sec. 44. Section 17a-22b of the general statutes is repealed and the
1593 following is substituted in lieu thereof:

1594 [Not later than January 1, 2001, and annually thereafter, each local
1595 system of care]

1596 (a) Each community collaborative shall, within available
1597 appropriations, (1) complete a local needs assessment which shall
1598 include objectives and [outcome] performance measures, (2) specify
1599 the number of children and youth requiring behavioral health services,
1600 (3) specify the number of children and youth actually receiving
1601 community-based and residential services and the type and frequency
1602 of such services, and (4) complete an annual self-evaluation process
1603 and a review of discharge summaries. Each [local system of care]
1604 community collaborative shall submit its local needs assessment to the
1605 Commissioner of Children and Families and the Commissioner of
1606 Social Services. [For the purposes of this section, "local system of care"
1607 means community-based organizations that work in teams to deliver
1608 behavioral health services in a manner that assists children and youth
1609 with behavioral health problems and provides their families with
1610 access to the full range of services tailored to the physical, emotional,
1611 social and educational needs of each individual in or near the
1612 communities in which they reside.]

1613 (b) The regional offices of the Department of Children and Families
1614 shall contract with lead service agencies, within available
1615 appropriations, to coordinate the care of all children and youth
1616 enrolled in Connecticut Community KidCare residing within their
1617 designated catchment areas, including children and youth with
1618 complex behavioral health service needs. The lead service agencies
1619 shall employ or subcontract for the employment of care coordinators to
1620 assist families in establishing and implementing individual service
1621 plans for children and youth with complex behavioral health service
1622 needs and to improve clinical outcomes and cost effectiveness. Parents
1623 shall be afforded a choice of contracted providers for authorized

1624 services.

1625 (c) Each community collaborative may establish the number of
1626 members and the type of representatives to ensure that the
1627 membership of such collaborative is appropriately balanced. The chief
1628 elected officers of municipalities served by a community collaborative
1629 may designate a member to serve as a representative of the chief
1630 elected officials. A community collaborative, at a minimum, shall
1631 consist of representatives from the local or regional board of education,
1632 special education program, youth services bureau, local departments
1633 of social services and public health, representatives from private
1634 organizations serving children and youth and a substantial number of
1635 parents of children and youth with behavioral health needs. A
1636 community collaborative shall participate in the regional advisory
1637 councils established under section 17a-30, provide outreach to
1638 community resources, coordinate behavioral health services by
1639 forming, with the consent of the family, child specific teams for
1640 children and youth with complex behavioral health service needs,
1641 conduct community need assessments to identify service gaps and
1642 service barriers, identify priority investment areas for the state and
1643 lead service agencies and provide public education and support. A
1644 community collaborative shall establish a governance structure,
1645 determine membership and identify or establish a fiscal agent.

1646 (d) The Commissioner of Children and Families and the
1647 Commissioner of Social Services shall, within available appropriations,
1648 provide or arrange for the administrative services necessary to operate
1649 Connecticut Community KidCare.

1650 Sec. 45. Section 17a-127 of the general statutes is repealed and the
1651 following is substituted in lieu thereof:

1652 (a) The following shall be established for the purposes of
1653 developing and implementing an individual [system of care] service
1654 plan:

1655 [(1)] Within available appropriations, a child specific team may be
 1656 developed by the family of a child or [adolescent at placement risk
 1657 and] youth with complex behavioral health service needs which shall
 1658 provide for family participation in all aspects of assessment, planning
 1659 and implementation of services and may include, but need not be
 1660 limited to, family members, the child or adolescent if appropriate,
 1661 clergy, school personnel, representatives of local or regional agencies
 1662 providing programs and services for children and youth, a family
 1663 advocate, and other community or family representatives. The team
 1664 shall designate one member to be the team coordinator. The team
 1665 coordinator shall, with the consent of the parent, guardian, youth or
 1666 emancipated minor, compile the results of all assessments and
 1667 evaluations completed prior to the preparation of an individual service
 1668 plan that document the service needs of the child or youth, make
 1669 decisions affecting the implementation of an individual [system of
 1670 care] service plan, [with the consent of the team, except as otherwise
 1671 provided by law. If a case manager, other than the case manager from
 1672 the Department of Children and Families, has been assigned to the
 1673 child and is not designated as the team coordinator, such case
 1674 manager] and make referrals to community agencies and resources in
 1675 accordance with an individual service plan. The care coordinator shall
 1676 not make decisions affecting the implementation of the individual
 1677 [system of care] service plan without the consent of the [team] parent,
 1678 guardian, youth or emancipated minor, except as otherwise provided
 1679 by law.

1680 [(2)] Within available appropriations, case review committees may
 1681 be developed by each regional office of the Department of Children
 1682 and Families and shall be comprised of at least three parents of
 1683 children or adolescents with mental illness, emotional disturbance or
 1684 serious emotional disturbance and representatives of local or regional
 1685 agencies and service providers including, but not limited to, the
 1686 regional administrator of the office of the Department of Children and
 1687 Families or his designee, a superintendent of schools or his designee, a
 1688 director of a local children's mental health agency or his designee, the

1689 district director of the district office of the Department of Social
1690 Services or his designee, representatives from the Departments of
1691 Mental Retardation and Mental Health and Addiction Services who
1692 are knowledgeable of the needs of a child or adolescent at placement
1693 risk, a representative from a local housing authority and a
1694 representative from the court system. The functions of the case review
1695 committees shall include, but not be limited to: (A) The determination
1696 of whether or not a child or adolescent meets the definition of a child
1697 or adolescent at placement risk; (B) assisting children or families
1698 without a child specific team in the formation of such a team; and (C)
1699 resolution of the development or implementation of an individual
1700 system of care plan not developed, implemented or agreed upon by a
1701 child specific team. Such functions shall be completed in one hundred
1702 twenty days or less from the date of referral to the case review
1703 committee. In the event of the need for an individual system of care
1704 plan for a child or adolescent with no identifiable community, a
1705 representative of the child or adolescent shall make a referral to the
1706 state coordinated care committee, established pursuant to subdivision
1707 (3) of this subsection, which shall designate responsibility for the
1708 development of an individual system of care plan to a case review
1709 committee. The case review committee shall also monitor the
1710 implementation of an individual system of care plan when
1711 appropriate. The Department of Children and Families may assign a
1712 system coordinator to each case review committee. The duties of the
1713 system coordinator shall include, but not be limited to, assistance and
1714 consultation to child specific teams and assistance with the
1715 development of case review committees and child specific teams.

1716 (3) A coordinated care committee shall be developed by the
1717 Commissioner of Children and Families and shall be comprised of a
1718 parent of a child or adolescent with mental illness, emotional
1719 disturbance or serious emotional disturbance who is currently serving
1720 or has served on a case review committee, a person who is now or has
1721 been a recipient of services for a child or adolescent at placement risk,
1722 representatives of the Departments of Children and Families,

1723 Education, Mental Health and Addiction Services, Social Services and
1724 Mental Retardation who are knowledgeable of the needs of a child or
1725 adolescent at placement risk, and a representative of the Office of
1726 Protection and Advocacy for Persons with Disabilities who is
1727 knowledgeable of the needs of a child or adolescent at placement risk.

1728 (b) The commissioner, in consultation with the coordinated care
1729 committee, shall submit a report on the findings and recommendations
1730 of programs for children and youth at placement risk, including
1731 recommendations for budget options or programmatic changes
1732 necessary to enhance the system of care for such child or youth and his
1733 family, to the joint standing committee and the select committee of the
1734 General Assembly having cognizance of matters relating to children,
1735 on or before January 1, 1998, and annually thereafter.]

1736 [(c)] (b) The provisions of this section shall not be construed to grant
1737 an entitlement to any child or youth [at placement risk] with
1738 behavioral health needs to receive particular services under this
1739 section in an individual [system of care] service plan if such child or
1740 youth is not otherwise eligible to receive such services from any state
1741 agency or to receive such services pursuant to any other provision of
1742 law.

1743 [(d)] (c) The Commissioner of Children and Families, in consultation
1744 with the Commissioner of Social Services, may adopt regulations in
1745 accordance with chapter 54 for the purpose of implementing the
1746 provisions of this section.

1747 Sec. 46. (NEW) (a) The Commissioner of Children and Families and
1748 the Commissioner of Social Services shall establish performance
1749 measures in the areas of finance, administration, utilization, client
1750 satisfaction, quality and access for Connecticut Community KidCare.

1751 (b) The Commissioner of Children and Families shall develop and
1752 implement, within available appropriations, culturally appropriate
1753 and competency-based curricula including best practices for the care of

1754 children and youth with, or at risk of, behavioral health needs and
1755 offer training to all willing persons involved in Connecticut
1756 Community KidCare, including, but not limited to, employees in
1757 education and child care and appropriate employees within the
1758 judicial system.

1759 (c) The Commissioners of Children and Families and Social Services
1760 shall, within available appropriations, design and conduct a five-year
1761 independent longitudinal evaluation with evaluation goals and
1762 methods utilizing an independent evaluator. The evaluation shall
1763 assess changes in outcomes for individual children, youth and families,
1764 evaluate the effectiveness of the overall initiative in the early phases to
1765 guide future expansion of Connecticut Community KidCare and
1766 examine benefits, costs and cost avoidance achieved by it. Such
1767 evaluation may include, but is not limited to, the following: (1)
1768 Utilization of out-of-home placements; (2) adherence to system of care
1769 principles; (3) school attendance; (4) delinquency recidivism rates; (5)
1770 satisfaction of families and children and youth with Connecticut
1771 Community KidCare as assessed through client satisfaction surveys;
1772 (6) coordination of Connecticut Community KidCare with the juvenile
1773 justice, child protection, adult behavioral health and education
1774 systems; and (7) the quality of transition services.

1775 Sec. 47. (NEW) The Commissioner of Children and Families may,
1776 within available appropriations, provide financial assistance for the
1777 establishment of an organization, with local chapters in each region
1778 served by the Department of Children and Families, that shall provide
1779 family-to-family support and family advocates for children, youth and
1780 their families, and when requested by the family, assist the family with
1781 the individual service plan process and otherwise encourage active
1782 family participation in treatment and Connecticut Community
1783 KidCare planning. Such organization shall assure that families have
1784 input into the development and implementation of their individual
1785 service plans including those established pursuant to section 17a-127
1786 of the general statutes, as amended by this act, policy and planning for,

1787 and the implementation and evaluation of, Connecticut Community
1788 KidCare.

1789 Sec. 48. (NEW) On and after October 1, 2002, the Commissioners of
1790 Children and Families and Social Services shall submit quarterly
1791 reports concerning the implementation of Connecticut Community
1792 KidCare to the joint standing committees of the General Assembly
1793 having cognizance of matters relating to human services, public health
1794 and education. Not later than January 1, 2004, and annually thereafter,
1795 the commissioners shall submit a report to said joint standing
1796 committees concerning (1) the number, ages, sex and race of children
1797 and youth in out-of-state residential facilities, (2) the number, ages, sex
1798 and race of children and youth in in-state residential facilities, (3) the
1799 number, ages, sex and race of children and youth in nonresidential
1800 treatment, (4) annual public funds expended for out-of-state
1801 placements, the sources of such funds and the average cost per child
1802 and youth of such out-of-state placement, (5) annual public funds
1803 expended for in-state residential placements, the sources of such funds
1804 and the average cost per child and youth of such in-state residential
1805 placement, (6) annual public funds expended for nonresidential
1806 treatment by type of service provided, the sources of such funds and
1807 the average cost per child and youth of such nonresidential treatment,
1808 (7) the average length of stay in out-of-state and in-state placements,
1809 (8) the number, ages, sex and race of children and youth placed in out-
1810 of-home treatment compared to the total number of children and
1811 youth in each region of the state, and (9) expenditures made during
1812 each reporting period.

1813 Sec. 49. Not later than March 1, 2002, the Commissioners of Social
1814 Services and Children and Families shall submit a report to the joint
1815 standing committees of the General Assembly having cognizance of
1816 matters relating to appropriations and the budgets of state agencies,
1817 human services, education and public health: (1) Concerning the status
1818 of the implementation of Connecticut Community KidCare; (2) that
1819 recommends the appropriate number of lead service agencies; (3)

1820 concerning procedures for access to and protection of confidential
1821 medical records; (4) that evaluates a hold harmless provision for
1822 funding child guidance clinics; (5) that establishes mechanisms for the
1823 continuous evaluation and quality improvement of the integrated
1824 behavioral health service delivery system, including periodic
1825 evaluation of behavioral health programs and services and research on
1826 child and youth outcomes and that specifies performance measures in
1827 the areas of finance, administration, clinical process and clinical
1828 outcome; (6) that reports on the implementation of a program for
1829 training staff and providers; (7) that recommends, in consultation with
1830 the Department of Mental Health and Addiction Services, appropriate
1831 transition services and mechanisms to achieve this transition; (8) that
1832 establishes procedures for compiling of baseline data and conducting
1833 needs assessments and the design and cost of a longitudinal
1834 evaluation; (9) that determines the nature of support for development
1835 and financing of an independent family-operated organization to
1836 provide family-to-family support; (10) concerning what resources
1837 identified by the Department of Public Health, the Department of
1838 Education and the judicial branch that could be committed to the
1839 integrated funding for Connecticut Community KidCare; (11) on the
1840 establishment of an integrated grievance process for all children
1841 enrolled in Connecticut Community KidCare regardless of whether
1842 such children and youth were originally enrolled in the HUSKY Plan,
1843 Part A or Part B or the voluntary services program; (12) that
1844 recommends a mechanism for handling conflict resolution among the
1845 various responsible agencies; and (13) that recommends a process for
1846 adopting a five-year plan which shall include public input and a
1847 timeline for the full implementation of the Connecticut Community
1848 KidCare by July 1, 2003.

1849 Sec. 50. Section 17a-4 of the general statutes is repealed and the
1850 following is substituted in lieu thereof:

1851 (a) There shall be a State Advisory Council on Children and
1852 Families which shall consist of [fifteen] seventeen members appointed

1853 by the Governor, including at least five persons who are child care
 1854 professionals, one child psychiatrist licensed to practice medicine in
 1855 this state and at least one attorney. The balance of the advisory council
 1856 shall be representative of young persons, parents and others interested
 1857 in the delivery of services to children and youth. No less than fifty per
 1858 cent of the council's members shall be parents or family members of
 1859 children who have received, or are receiving, behavioral health, child
 1860 welfare services or juvenile services and no more than half the
 1861 members of the council shall be persons who receive income from a
 1862 private practice or any public or private agency that delivers mental
 1863 health, substance abuse, child abuse prevention and treatment, child
 1864 welfare services or juvenile services. Members of the council shall
 1865 serve without compensation, except for necessary expenses incurred in
 1866 the performance of their duties. [No person] Members shall serve on
 1867 the council for terms of two years each and no member shall serve for
 1868 more than two consecutive terms. The commissioner shall be an ex-
 1869 officio member of the council without vote and shall attend its
 1870 meetings. Any member who fails to attend three consecutive meetings
 1871 or fifty per cent of all meetings during any calendar year shall be
 1872 deemed to have resigned. The council shall elect a chairperson and
 1873 vice-chairperson to act in the chairperson's absence.

1874 (b) The council shall meet quarterly, and more often upon the call of
 1875 the chair or a majority of the members. A majority of the members in
 1876 office, but not less than six members, shall constitute a quorum. The
 1877 council shall have complete access to all records of the institutions and
 1878 facilities of the department in furtherance of its duties, while at all
 1879 times protecting the right of privacy of all individuals involved, as
 1880 provided in section 17a-28.

1881 (c) The duties of the council shall be to: (1) Recommend to the
 1882 commissioner programs, legislation or other matters which will
 1883 improve services for children and youth; (2) annually review and
 1884 advise the commissioner regarding [his] the proposed budget; (3)
 1885 interpret to the community at large the policies, duties and programs

1886 of the department; and (4) issue any reports it deems necessary to the
1887 Governor and the Commissioner of Children and Families.

1888 Sec. 51. Section 17a-4a of the general statutes is repealed and the
1889 following is substituted in lieu thereof:

1890 (a) There is established a Children's Behavioral Health Advisory
1891 Committee to the State Advisory Council on Children and Families
1892 which shall promote and enhance the provision of behavioral health
1893 services for all children in this state.

1894 (b) The Children's Behavioral Health Advisory Committee shall be
1895 composed of the following ex officio voting members: (1) The
1896 Commissioner of Children and Families or the commissioner's
1897 designee; (2) the Commissioner of Social Services or the
1898 commissioner's designee; (3) the Executive Director of the Children's
1899 Health Council or said director's designee; (4) the Chief Court
1900 Administrator or said administrator's designee; (5) the Commissioner
1901 of Education or the commissioner's designee; (6) the Commissioner of
1902 Mental Health and Addiction Services or the commissioner's designee;
1903 and (7) the Commissioner of Mental Retardation or the commissioner's
1904 designee; and the following public members: [(8) two] (A) Two
1905 members appointed by the Governor, one member who shall be a
1906 parent of a child who receives behavioral health services and the other
1907 a provider of behavioral health services; [(9)] (B) one member each
1908 shall be appointed by the president pro tempore of the Senate, the
1909 speaker of the House of Representatives, the majority leader of the
1910 Senate, the majority leader of the House of Representatives, the
1911 minority leader of the Senate and the minority leader of the House of
1912 Representatives, all of whom shall be knowledgeable on issues relative
1913 to children in need of behavioral health services and family supports;
1914 and [(10)] (C) sixteen members appointed by the chairperson of the
1915 State Advisory Council on Children and Families. The membership of
1916 the advisory committee shall fairly and adequately represent parents
1917 of children who have a serious emotional disturbance. At least [fifty]

1918 fifty-one per cent of the members of the advisory committee shall be
1919 persons who are parents or relatives of a child who has or had a
1920 serious emotional disturbance or persons who had a serious emotional
1921 disturbance as a child and no more than half the members of the
1922 committee shall be persons who receive income from a private practice
1923 or any public or private agency that delivers behavioral health
1924 services.

1925 (c) All appointments to the advisory committee shall be made no
1926 later than sixty days after July 1, 2000. Any vacancy shall be filled by
1927 the appointing authority. Members shall serve two-year terms and no
1928 public member shall serve for more than two consecutive terms.

1929 (d) The advisory committee shall elect two cochairpersons from
1930 among its members, one of whom shall be the parent of a child with a
1931 serious emotional disturbance. The advisory committee shall meet at
1932 least bimonthly. Members of the advisory committee shall serve
1933 without compensation, except for necessary expenses incurred in the
1934 performance of their duties.

1935 (e) Not later than October first of each year, the advisory committee
1936 shall submit a status report on local systems of care and practice
1937 standards for state-funded behavioral health programs to the State
1938 Advisory Council on Children and Families.

1939 (f) Not later than October first of each odd-numbered year, the
1940 advisory committee shall submit recommendations concerning the
1941 provision of behavioral health services for all children in the state to
1942 the State Advisory Council on Children and Families. The
1943 recommendations shall address, but shall not be limited to, the
1944 following: (1) The target population for children with behavioral
1945 health needs, and assessment and benefit options for children with
1946 such needs; (2) the appropriateness and quality of care for children
1947 with behavioral health needs; (3) the coordination of behavioral health
1948 services provided under the HUSKY Plan with services provided by
1949 other publicly-funded programs; (4) performance standards for

1950 preventive services, family supports and emergency service training
1951 programs; (5) assessments of community-based and residential care
1952 programs; (6) outcome measurements by reviewing provider practice;
1953 and (7) a medication protocol and standards for the monitoring of
1954 medication and after-care programs.

1955 Sec. 52. Subdivision (4) of subsection (f) of section 17b-340 of the
1956 general statutes is repealed and the following is substituted in lieu
1957 thereof:

1958 (4) For the fiscal year ending June 30, 1992, (A) no facility shall
1959 receive a rate that is less than the rate it received for the rate year
1960 ending June 30, 1991; (B) no facility whose rate, if determined pursuant
1961 to this subsection, would exceed one hundred twenty per cent of the
1962 state-wide median rate, as determined pursuant to this subsection,
1963 shall receive a rate which is five and one-half per cent more than the
1964 rate it received for the rate year ending June 30, 1991; and (C) no
1965 facility whose rate, if determined pursuant to this subsection, would be
1966 less than one hundred twenty per cent of the state-wide median rate,
1967 as determined pursuant to this subsection, shall receive a rate which is
1968 six and one-half per cent more than the rate it received for the rate year
1969 ending June 30, 1991. For the fiscal year ending June 30, 1993, no
1970 facility shall receive a rate that is less than the rate it received for the
1971 rate year ending June 30, 1992, or six per cent more than the rate it
1972 received for the rate year ending June 30, 1992. For the fiscal year
1973 ending June 30, 1994, no facility shall receive a rate that is less than the
1974 rate it received for the rate year ending June 30, 1993, or six per cent
1975 more than the rate it received for the rate year ending June 30, 1993.
1976 For the fiscal year ending June 30, 1995, no facility shall receive a rate
1977 that is more than five per cent less than the rate it received for the rate
1978 year ending June 30, 1994, or six per cent more than the rate it received
1979 for the rate year ending June 30, 1994. For the fiscal years ending June
1980 30, 1996, and June 30, 1997, no facility shall receive a rate that is more
1981 than three per cent more than the rate it received for the prior rate
1982 year. For the fiscal year ending June 30, 1998, a facility shall receive a

1983 rate increase that is not more than two per cent more than the rate that
1984 the facility received in the prior year. For the fiscal year ending June
1985 30, 1999, a facility shall receive a rate increase that is not more than
1986 three per cent more than the rate that the facility received in the prior
1987 year and that is not less than one per cent more than the rate that the
1988 facility received in the prior year, exclusive of rate increases associated
1989 with a wage, benefit and staffing enhancement rate adjustment added
1990 for the period from April 1, 1999, to June 30, 1999, inclusive. For the
1991 fiscal year ending June 30, 2000, each facility, except a facility with an
1992 interim rate or replaced interim rate for the fiscal year ending June 30,
1993 1999, and a facility having a certificate of need or other agreement
1994 specifying rate adjustments for the fiscal year ending June 30, 2000,
1995 shall receive a rate increase equal to one per cent applied to the rate the
1996 facility received for the fiscal year ending June 30, 1999, exclusive of
1997 the facility's wage, benefit and staffing enhancement rate adjustment.
1998 For the fiscal year ending June 30, 2000, no facility with an interim rate,
1999 replaced interim rate or scheduled rate adjustment specified in a
2000 certificate of need or other agreement for the fiscal year ending June
2001 30, 2000, shall receive a rate increase that is more than one per cent
2002 more than the rate the facility received in the fiscal year ending June
2003 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a
2004 facility with an interim rate or replaced interim rate for the fiscal year
2005 ending June 30, 2000, and a facility having a certificate of need or other
2006 agreement specifying rate adjustments for the fiscal year ending June
2007 30, 2001, shall receive a rate increase equal to two per cent applied to
2008 the rate the facility received for the fiscal year ending June 30, 2000,
2009 subject to verification of wage enhancement adjustments pursuant to
2010 subdivision (15) of this subsection. For the fiscal year ending June 30,
2011 2001, no facility with an interim rate, replaced interim rate or
2012 scheduled rate adjustment specified in a certificate of need or other
2013 agreement for the fiscal year ending June 30, 2001, shall receive a rate
2014 increase that is more than two per cent more than the rate the facility
2015 received for the fiscal year ending June 30, 2000. [For the fiscal year
2016 ending June 30, 2002, and any succeeding fiscal year, no facility shall

2017 receive a rate that is more than the rate it received in the prior year
2018 increased by the annual increase in the Consumer Price Index (all
2019 urban) for the most recent calendar year.] For the fiscal year ending
2020 June 30, 2002, each facility shall receive a rate increase that is two and
2021 on-half per cent more than the rate the facility received in the prior
2022 fiscal year. For the fiscal year ending June 30, 2003, each facility shall
2023 receive a rate increase that is two per cent more than the rate the
2024 facility received in the prior fiscal year. The Commissioner of Social
2025 Services [may exclude fair rent from any rate increase maximums]
2026 shall add fair rent increases to any other rate increases established
2027 pursuant to this subdivision for a facility which has undergone a
2028 material change in circumstances related to fair rent.

2029 Sec. 53. Subsection (a) of section 17b-354 of the general statutes is
2030 repealed and the following is substituted in lieu thereof:

2031 (a) Except for applications deemed complete as of August 9, 1991,
2032 the Department of Social Services shall not accept or approve any
2033 requests for additional nursing home beds or modify the capital cost of
2034 any prior approval for the period from September 4, 1991, through
2035 June 30, [2002] 2007, except (1) beds restricted to use by patients with
2036 acquired immune deficiency syndrome or traumatic brain injury; (2)
2037 beds associated with a continuing care facility which guarantees life
2038 care for its residents; and (3) Medicaid certified beds to be relocated
2039 from one licensed nursing facility to another licensed nursing facility,
2040 provided (A) the availability of beds in an area of need will not be
2041 adversely affected; (B) no such relocation shall result in an increase in
2042 state expenditures; and (C) the relocation results in a reduction in the
2043 number of nursing facility beds in the state. Notwithstanding the
2044 provisions of this subsection, any provision of the general statutes or
2045 any decision of the Office of Health Care Access, (i) the date by which
2046 construction shall begin for each nursing home certificate of need in
2047 effect August 1, 1991, shall be December 31, 1992, (ii) the date by which
2048 a nursing home shall be licensed under each such certificate of need
2049 shall be October 1, 1995, and (iii) the imposition of such dates shall not

2050 require action by the Commissioner of Social Services. Except as
2051 provided in subsection (c) of this section, a nursing home certificate of
2052 need in effect August 1, 1991, shall expire if construction has not begun
2053 or licensure has not been obtained in compliance with the dates set
2054 forth in subparagraphs (i) and (ii) of this subsection.

2055 Sec. 54. (NEW) (a) Except for applications filed on or before May 1,
2056 2001, which shall not be subject to the restrictions set forth in this
2057 section, for the period from July 1, 2001, to June 30, 2007, rest homes
2058 with nursing supervision beds under common ownership with chronic
2059 and convalescent nursing home beds in the same or an immediately
2060 adjacent building may be converted to chronic and convalescent
2061 nursing home beds in accordance with the provisions of section 17b-
2062 352 of the general statutes, provided that such conversion shall not
2063 result in an increase in cost to the state of more than twelve per cent of
2064 the amount previously paid to the facility annually for both levels of
2065 care. This limitation shall apply only to conversion of rest homes with
2066 nursing supervision beds under common ownership with chronic and
2067 convalescent nursing home beds or in the same or an immediately
2068 adjacent building. Rest homes with nursing supervision beds in
2069 freestanding facilities and rest homes with nursing supervision beds
2070 transferred to another licensed and Medicaid-certified nursing home
2071 may be converted to chronic and convalescent nursing home beds
2072 pursuant to section 17b-352 and section 17b-354(a) of the general
2073 statutes as applicable.

2074 (b) No later than December 31, 2001, the commissioner shall publish
2075 proposed regulations pursuant to subsections (a) to (e), inclusive, of
2076 section 4-168 of the general statutes implementing this section.

2077 Sec. 55. Subsection (b) of section 17b-104 of the general statutes is
2078 repealed and the following is substituted in lieu thereof:

2079 (b) On July 1, 1988, and annually thereafter, the commissioner shall
2080 increase the payment standards over that of the previous fiscal year
2081 under the aid to families with dependent children program, temporary

2082 family assistance program, the state-administered general assistance
2083 program and for the general assistance program by the percentage
2084 increase, if any, in the most recent calendar year average in the
2085 consumer price index for urban consumers over the average for the
2086 previous calendar year, provided the annual increase, if any, shall not
2087 exceed five per cent except that the payment standards for the fiscal
2088 years ending June 30, 1992, June 30, 1993, June 30, 1994, June 30, 1995,
2089 June 30, 1996, June 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000,
2090 [and] June 30, 2001, June 30, 2002, and June 30, 2003, shall not be
2091 increased. On January 1, 1994, the payment standards shall be equal to
2092 the standards of need in effect July 1, 1993.

2093 Sec. 56. Subsection (a) of section 17b-106 of the general statutes is
2094 repealed and the following is substituted in lieu thereof:

2095 (a) On July 1, 1985, the Commissioner of Social Services shall
2096 increase the adult payment standards for the state supplement to the
2097 federal Supplemental Security Income Program by four and
2098 three-tenths per cent over the standards for the fiscal year ending June
2099 30, 1985, provided the commissioner shall apply the appropriate
2100 disregards. Notwithstanding the provisions of any regulation to the
2101 contrary, effective July 1, 1994, the commissioner shall reduce the
2102 appropriate unearned income disregard for recipients of the state
2103 supplement to the federal Supplemental Security Income Program by
2104 seven per cent, provided if sufficient funds are available within
2105 accounts in the Department of Social Services and are transferred to
2106 the old age assistance account, the aid to the blind account and the aid
2107 to the disabled account, the commissioner shall increase the unearned
2108 income disregard for recipients of the state supplement to the federal
2109 Supplemental Security Income Program to a level not to exceed that in
2110 effect on June 30, 1994. On July 1, 1989, and annually thereafter, the
2111 Commissioner of Social Services shall increase the adult payment
2112 standards over those of the previous fiscal year for the state
2113 supplement to the federal Supplemental Security Income Program by
2114 the percentage increase, if any, in the most recent calendar year

2115 average in the consumer price index for urban consumers over the
2116 average for the previous calendar year, provided the annual increase,
2117 if any, shall not exceed five per cent, except that the adult payment
2118 standards for the fiscal years ending June 30, 1993, June 30, 1994, June
2119 30, 1995, June 30, 1996, June 30, 1997, June 30, 1998, June 30, 1999, June
2120 30, 2000, [and] June 30, 2001, June 30, 2002, and June 30, 2003, shall not
2121 be increased. Effective October 1, 1991, the coverage of excess utility
2122 costs for recipients of the state supplement to the federal Supplemental
2123 Security Income Program is eliminated.

2124 Sec. 57. Section 17b-112e of the general statutes is repealed and the
2125 following is substituted in lieu thereof:

2126 (a) The Department of Social Services shall provide safety net
2127 services for certain families no longer receiving benefits or who are at
2128 risk of losing benefits under the temporary family assistance program.
2129 Such families include those who are not eligible for six-month
2130 extensions of benefits due to: (1) The receipt of two sanctions from the
2131 department during the first twenty months of the twenty-one-month
2132 time limit of said temporary family assistance program; or (2) the
2133 determination by the department that such a family has not made a
2134 good-faith effort to seek and maintain employment.

2135 (b) Said safety net shall consist of services provided through the
2136 existing community service delivery network with additional
2137 resources provided by the Department of Social Services. Services shall
2138 be provided in-kind or through vendor or voucher payment. Services
2139 may include the following: (1) Food, shelter, clothing and employment
2140 assistance; (2) eviction prevention; (3) intensive case management; (4)
2141 continuous monitoring for child abuse or neglect; and (5) for families
2142 at risk of losing benefits under the temporary family assistance
2143 program, individual performance contracts, [requiring] that shall be
2144 administered by the Labor Department and that require job training,
2145 job searching, volunteer work, participation in parenting programs or
2146 counseling or any other requirements deemed necessary by the Labor

2147 Commissioner. [of Social Services.]

2148 (c) Families successfully meeting the program requirements
2149 established by the individual performance contracts in subdivision (5)
2150 of subsection (b) of this section prior to the end of the twenty-one-
2151 month time limit shall be considered to have made a good faith effort
2152 to comply with the requirements of the program for the purposes of
2153 qualifying for a six-month extension, provided they have made a good
2154 faith effort to comply with the individual performance contract or have
2155 not incurred a sanction subsequent to completing the individual
2156 performance contract.

2157 (d) The Commissioner of Social Services shall implement policies
2158 and procedures necessary for the purposes of this section while in the
2159 process of adopting such policies and procedures in regulation form,
2160 provided the commissioner prints notice of intention to adopt the
2161 regulations in the Connecticut Law Journal within twenty days of
2162 implementing such policies and procedures. [Final regulations shall be
2163 submitted to the legislative regulation review committee no later than
2164 November 15, 1997.] Policies and procedures implemented pursuant to
2165 this subsection shall be valid until the time final regulations are
2166 effective.

2167 Sec. 58. Subsection (d) of section 17b-104 of the general statutes is
2168 repealed and the following is substituted in lieu thereof:

2169 (d) For a family living in subsidized housing, income shall be
2170 attributed to such family which shall be [eight per cent of the standard
2171 of need for such families subject to fill the gap budgeting, and] eight
2172 per cent of the payment standard for such [families not subject to fill
2173 the gap budgeting. For purposes of this subsection, "fill the gap
2174 budgeting" is a method of calculating benefits under the temporary
2175 family assistance program whereby countable income is subtracted
2176 from the standard of need and a percentage of the difference is paid to
2177 the] family.

2178 Sec. 59. Section 17b-257 of the general statutes is repealed and the
2179 following is substituted in lieu thereof:

2180 On and after July 1, 1998, the Commissioner of Social Services shall
2181 implement a state medical assistance program for persons ineligible for
2182 Medicaid and on or before April 1, 1997, the commissioner shall
2183 implement said program in the towns in which the fourteen regional
2184 or district offices of the Department of Social Services are located. The
2185 commissioner shall establish a schedule for the transfer of recipients of
2186 medical assistance administered by towns under the general assistance
2187 program to the state program. To the extent possible, the
2188 administration of the state medical assistance program shall parallel
2189 that of the Medicaid program as it is administered to recipients of
2190 temporary family assistance, including eligibility criteria concerning
2191 income and assets. Payment for medical services shall be made only
2192 for individuals determined eligible. The rates of payment for medical
2193 services shall be those of the Medicaid program. Medical services
2194 covered under the program shall be those covered under the Medicaid
2195 program, except that nonemergency medical transportation and long-
2196 term care and services available pursuant to a home and community-
2197 based services waiver under Section 1915 of the Social Security Act
2198 shall not be covered. On or after April 1, 1997, the commissioner shall
2199 implement a managed care program for medical services provided
2200 under this program, except services provided pursuant to section 17a-
2201 453a. Notwithstanding the provisions of sections 4a-51 and 4a-57, the
2202 commissioner may enter into contracts, including but not limited to,
2203 purchase of service agreements to implement the provisions of this
2204 section.

2205 Sec. 60. Section 17b-259 of the general statutes is repealed and the
2206 following is substituted in lieu thereof:

2207 (a) Each town shall provide medically necessary services by one or
2208 more competent physicians for all persons twenty-one to sixty-four
2209 years of age who are receiving general assistance benefits from such

2210 town, or eligible to be supported by such town, or unable to pay for
2211 the same over a two-year period, when such persons are in need
2212 thereof, and each town shall furnish necessary hospitalization, in
2213 accordance with section 17b-220, for all such persons if such persons
2214 have not made, within twenty-four months prior to the date of
2215 application for such aid, an assignment or transfer or other disposition
2216 of property for less than fair market value, for the purpose of
2217 establishing eligibility for benefits or assistance under the general
2218 assistance program. Any such disposition shall be presumed to have
2219 been made for the purpose of establishing eligibility for benefits or
2220 assistance unless such person furnishes convincing evidence to
2221 establish that the transaction was exclusively for some other purpose.
2222 Ineligibility because of such disposition shall continue only for either
2223 (1) twenty-four months after the date of disposition, or (2) that period
2224 of time from the date of disposition over which the fair market value of
2225 such property, less any consideration received in exchange for its
2226 disposition, together with all other income and resources, would
2227 furnish support on a reasonable standard of health and decency,
2228 whichever period is shorter, except that in any case where the
2229 uncompensated value of disposed of resources exceeds twelve
2230 thousand dollars, the Commissioner of Social Services shall provide for
2231 a period of ineligibility based on the uncompensated value which
2232 exceeds twenty-four months. The ability of a person to pay for
2233 medically necessary services over a two-year period shall be
2234 determined by a town in accordance with regulations adopted by the
2235 Department of Social Services in accordance with the provisions of
2236 chapter 54, provided income in excess of the maximum income levels
2237 established pursuant to such regulations and any assets in excess of
2238 two hundred fifty dollars shall be applied toward medical bills
2239 incurred during the two-year period and assistance shall be granted
2240 only for the remaining balance of the cost of medically necessary
2241 services. Any recipient who becomes ineligible for benefits under the
2242 general assistance program due to employment may continue to
2243 receive medical assistance for up to three months. Persons under

2244 twenty-one or over sixty-four years of age who are otherwise eligible
2245 under this section and who have applied for Medicaid but have not yet
2246 been determined eligible by the Department of Social Services, may
2247 receive assistance under this section. Any person receiving medical
2248 treatment or hospitalization under this section shall make to the
2249 selectmen full disclosure of his or her financial condition as provided
2250 in section 17b-123. A completed application for medical assistance
2251 under this section may be filed by the person seeking assistance, a
2252 member of such person's immediate family or a medical provider,
2253 including a physician or a hospital, within sixty days of
2254 commencement of treatment or hospitalization. A town shall be liable
2255 for medical bills only for those persons whose eligibility can be
2256 determined in accordance with standards established pursuant to
2257 section 17b-78, and those persons under twenty-one or over sixty-four
2258 years of age who are otherwise eligible under this section and who
2259 have applied for Medicaid but have not yet been determined eligible
2260 by the Department of Social Services. No applicant who may be
2261 eligible for a third-party payment to which [he] such applicant is
2262 entitled, including private insurance, hospital or medical service
2263 corporation benefits, veterans' benefits, Medicare and Medicaid shall
2264 be eligible for general assistance medical aid until [he] such applicant
2265 has completed the application process for such benefits. On and after
2266 October 1, 1991, a town shall not be liable for payment of the
2267 applicant's medical bills if the applicant fails to provide sufficient
2268 documentation to determine [his] eligibility for such benefits. Failure
2269 of a person or a legally liable relative of the person to cooperate in the
2270 general assistance application process shall not prevent payment to a
2271 medical provider for services rendered to the person if adequate
2272 information is otherwise available to determine the person's eligibility
2273 under this section. On or after April 1, 1997, the commissioner shall
2274 implement a managed care program for medical services provided
2275 under this program, except services provided pursuant to section 17a-
2276 453a. Notwithstanding the provisions of sections 4a-51 and 4a-57, the
2277 commissioner may enter into contracts, including but not limited to,

2278 purchase of service agreements to implement the provisions of this
2279 section.

2280 (b) The medical services for which a town shall be liable under this
2281 section and for which a town shall be reimbursed by the state shall be
2282 limited to the following medically necessary services provided such
2283 services are covered under the Medicaid program: (1) Physician
2284 services, (2) hospital services, on an inpatient basis subject to the
2285 provisions of section 17b-220 and outpatient care, (3) community clinic
2286 services, (4) prescription drugs, excluding over-the-counter drugs, [(5)
2287 glasses, (6)] (5) hearing aids, [(7)] (6) laboratory and x-ray services, [(8)]
2288 (7) emergency dental services, [(9)] (8) emergency medical
2289 transportation, and [(10)] (9) examinations (A) needed to determine
2290 unemployability, or (B) requested by an attorney to establish the
2291 eligibility of a person receiving general assistance benefits for federal
2292 supplementary security income benefits pursuant to section 17b-119.
2293 Services not covered under this program include, but are not limited
2294 to, nonemergency medical transportation. In lieu of providing medical
2295 services, in accordance with this section, a town or group of towns
2296 may submit a plan to the Department of Social Services for approval to
2297 provide medical services in some other manner. The department shall
2298 approve the plan only if the persons served under it receive at least the
2299 services listed in this subsection and the plan offers the possibility of
2300 improved medical care or cost savings. The department shall
2301 encourage a town or group of towns to contract for the management of
2302 such medically necessary services.

2303 Sec. 61. Subsection (g) of section 17b-112 of the general statutes is
2304 repealed and the following is substituted in lieu thereof:

2305 (g) A family leaving assistance at the end of (1) said twenty-one-
2306 month time limit, including a family with income above the payment
2307 standard, or (2) the sixty-month limit shall have an interview for the
2308 purpose of being informed of services that may continue to be
2309 available to such family, including employment services available

2310 through the Labor Department. Said interview shall contain a
2311 determination of benefits available to said family provided by the
2312 Department of Social Services. Said interview shall also include a
2313 determination of whether such family is eligible for food stamps or
2314 Medicaid. Information and referrals shall be made to such a family for
2315 services and benefits including, but not limited to, the earned income
2316 tax credit, rental subsidies emergency housing, employment services
2317 and energy assistance.

2318 Sec. 62. Subsection (g) of section 17b-340 of the general statutes is
2319 repealed and the following is substituted in lieu thereof:

2320 (g) For the fiscal year ending June 30, 1993, any intermediate care
2321 facility for the mentally retarded with an operating cost component of
2322 its rate in excess of one hundred forty per cent of the median of
2323 operating cost components of rates in effect January 1, 1992, shall not
2324 receive an operating cost component increase. For the fiscal year
2325 ending June 30, 1993, any intermediate care facility for the mentally
2326 retarded with an operating cost component of its rate that is less than
2327 one hundred forty per cent of the median of operating cost
2328 components of rates in effect January 1, 1992, shall have an allowance
2329 for real wage growth equal to thirty per cent of the increase
2330 determined in accordance with subsection (q) of section 17-311-52 of
2331 the regulations of Connecticut state agencies, provided such operating
2332 cost component shall not exceed one hundred forty per cent of the
2333 median of operating cost components in effect January 1, 1992. Any
2334 facility with real property other than land placed in service prior to
2335 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a
2336 rate of return on real property equal to the average of the rates of
2337 return applied to real property other than land placed in service for the
2338 five years preceding October 1, 1993. For the fiscal year ending June 30,
2339 1996, and any succeeding fiscal year, the rate of return on real property
2340 for property items shall be revised every five years. The commissioner
2341 shall, upon submission of a request, allow actual debt service,
2342 comprised of principal and interest, in excess of property costs allowed

2343 pursuant to section 17-311-52 of the regulations of Connecticut state
2344 agencies, provided such debt service terms and amounts are
2345 reasonable in relation to the useful life and the base value of the
2346 property. For the fiscal year ending June 30, 1995, and any succeeding
2347 fiscal year, the inflation adjustment made in accordance with
2348 subsection (p) of section 17-311-52 of the regulations of Connecticut
2349 state agencies, shall not be applied to real property costs. For the fiscal
2350 year ending June 30, 1996, and any succeeding fiscal year, the
2351 allowance for real wage growth as determined in accordance with
2352 subsection (q) of section 17-311-52 of the regulations of Connecticut
2353 state agencies, shall not be applied. For the fiscal year ending June 30,
2354 1996, and any succeeding fiscal year, no rate shall exceed three
2355 hundred seventy-five dollars per day unless the commissioner, in
2356 consultation with the Commissioner of Mental Retardation,
2357 determines after a review of program and management costs, that a
2358 rate in excess of this amount is necessary for care and treatment of
2359 facility residents. For the fiscal year ending June 30, 2002, rate period,
2360 the Commissioner of Social Services shall increase the inflation
2361 adjustment for rates made in accordance with subsection (p) of section
2362 17-311-52 of the Regulations of State Agencies to update allowable
2363 fiscal year 2000 costs to include a three and one-half per cent inflation
2364 factor. For the fiscal year ending June 30, 2003, rate period, the
2365 commissioner shall increase the inflation adjustment for rates made in
2366 accordance with subsection (p) of section 17-311-52 of the Regulations
2367 of State Agencies to update allowable fiscal year 2001 costs to include a
2368 one and one-half per cent inflation factor.

2369 Sec. 63. Section 17b-355 of the general statutes is repealed and the
2370 following is substituted in lieu thereof:

2371 In determining whether a request submitted pursuant to sections
2372 17b-352 to 17b-354, inclusive, will be granted, modified or denied, the
2373 Commissioner of Social Services shall consider the following: The
2374 relationship of the request to the state health plan, the financial
2375 feasibility of the request and its impact on the applicant's rates and

2376 financial condition, the contribution of the request to the quality,
2377 accessibility and cost-effectiveness of health care delivery in the region,
2378 whether there is clear public need for the request, the relationship of
2379 any proposed change to the applicant's current utilization statistics, the
2380 business interests of all owners, partners, associates, incorporators,
2381 directors, sponsors, stockholders and operators and the personal
2382 background of such persons, and any other factor which the
2383 department deems relevant. Whenever the granting, modification or
2384 denial of a request is inconsistent with the state health plan, a written
2385 explanation of the reasons for the inconsistency shall be included in
2386 the decision. [The] In considering whether there is clear public need for
2387 any request for additional nursing home beds associated with a
2388 continuing care facility submitted pursuant to section 17b-354, the
2389 commissioner shall only consider the need for beds for current and
2390 prospective residents of the continuing care facility. In considering
2391 whether there is clear public need for any request for the relocation of
2392 beds, the commissioner shall [not grant a request for additional
2393 nursing facility beds unless] consider whether there is a demonstrated
2394 bed need in the towns within [twenty miles] a fifteen mile radius of the
2395 town in which the beds are proposed to be located. [, including the
2396 town of the proposed location, as listed in the March 1, 1974, Official
2397 Mileage Table of the Public Utilities Commission.] Bed need shall be
2398 based on the recent occupancy percentage of area nursing facilities and
2399 the projected bed need for no more than five years into the future at
2400 ninety-seven and one-half per cent occupancy using the latest official
2401 population projections by town and age as published by the Office of
2402 Policy and Management and the latest available state-wide nursing
2403 facility utilization statistics by age cohort from the Department of
2404 Public Health. The commissioner may also consider area specific
2405 utilization and reductions in utilization rates to account for the
2406 increased use of less institutional alternatives.

2407 Sec. 64. Section 19a-537 of the general statutes is repealed and the
2408 following is substituted in lieu thereof:

2409 (a) As used in this section and section 19a-537a:

2410 (1) "Vacancy" means a bed that is available for an admission;

2411 (2) "Nursing home" means any chronic and convalescent facility or
2412 any rest home with nursing supervision, as defined in section 19a-521;

2413 [(3) "Level of care" means the level of care that the person was
2414 assigned in the nursing home at the time of discharge to the hospital;]

2415 [(4)] (3) "Hospital" means a general short-term hospital licensed by
2416 the Department of Public Health or a hospital for mental illness, as
2417 defined in section 17a-495, or a chronic disease hospital, as defined in
2418 section 19-13-D1(a) of the Public Health Code.

2419 (b) A nursing home shall:

2420 (1) Reserve the bed of a self-pay resident of such facility who is
2421 absent from the facility due to hospitalization whenever payment is
2422 available to reserve the bed;

2423 (2) Inform the self-pay resident and [his] such resident's relatives or
2424 other responsible persons, upon admission of a person to the facility
2425 and upon transfer of a resident to a hospital, that the bed of a resident
2426 will be reserved as long as payment is available to the facility to
2427 reserve the bed and that if payment is not made, the resident will be
2428 admitted to the next available bed;

2429 (3) Reserve the bed of a resident who is a recipient of medical
2430 assistance when the resident is absent from the facility for home leave
2431 days authorized under the Medicaid program;

2432 (4) Inform the resident who is a recipient of medical assistance and
2433 [his] such resident's relatives or other responsible persons, upon
2434 admission of a person to the nursing home and upon transfer of a
2435 resident to a hospital of the conditions under which the Department of
2436 Social Services requires the nursing home to reserve the bed of a

2437 resident and that if the home is not required to reserve the bed, the
2438 resident will be admitted to the next available bed; and

2439 (5) Not make the bed reserved for a hospitalized resident available
2440 for use by any other person unless the nursing home records in such
2441 resident's medical record the medical reasons justifying the change in
2442 such resident's bed, and the necessity of making the change before the
2443 resident's return to the facility, provided no resident's bed shall be
2444 changed if (A) such a change is medically contraindicated as defined in
2445 subsection (a) of section 19a-550; or (B) if the resident does not consent
2446 to the change, except when the change is made (i) to protect the
2447 resident or others from physical harm; (ii) to control the spread of an
2448 infectious disease; or (iii) to respond to a physical plant or
2449 environmental emergency that threatens the resident's health or safety.
2450 In the case of such an involuntary change of a resident's bed,
2451 disruption of residents shall be minimized, notice shall be provided to
2452 the resident or representative within twenty-four hours after the
2453 change and, if practicable, the resident, if he or she wishes, shall be
2454 returned to his or her room when the threat to health or safety which
2455 prompted the transfer has been eliminated. When a resident's bed is
2456 changed without his or her consent to protect the resident or others
2457 from physical harm, a consultative process shall be established on the
2458 first business day following the resident's return to the facility. The
2459 consultative process shall include the participation of the attending
2460 physician, a registered nurse with responsibility for the resident, other
2461 appropriate staff in disciplines as determined by the resident's needs
2462 and the participation of the resident, [his] such resident's family or
2463 other representative. The consultative process shall determine what
2464 caused the change in bed, whether the cause can be removed and, if
2465 not, whether the facility has attempted alternatives to the change. The
2466 resident shall be informed of the risks and benefits of the change in
2467 bed and of any alternatives.

2468 (c) A nursing home shall reserve, for at least fifteen days, the bed of
2469 a resident who is a recipient of medical assistance and who is absent

2470 from such home due to hospitalization unless the nursing home
2471 documents that it has objective information from the hospital
2472 confirming that the patient will not return to the nursing home [at the
2473 same level of care] within fifteen days of the hospital admission
2474 including the day of hospitalization.

2475 (d) The Department of Social Services shall reimburse a nursing
2476 home at the per diem Medicaid rate of the facility for each day that the
2477 facility reserves the bed of a resident who is a recipient of medical
2478 assistance in accordance with the following conditions:

2479 (1) A facility shall be reimbursed for reserving the bed of a resident
2480 who is hospitalized for a maximum of seven days including the
2481 admission date of hospitalization, if on such date the nursing home
2482 documents that (A) it has a vacancy rate of not more than three beds or
2483 three per cent of licensed capacity, whichever is greater, [at the same
2484 level of care as the hospitalized person,] and (B) it contacted the
2485 hospital and the hospital failed to provide objective information
2486 confirming that the person would be unable to return to the nursing
2487 home [at the same level of care] within fifteen days of the date of
2488 hospitalization.

2489 (2) The nursing home shall be reimbursed for a maximum of eight
2490 additional days provided:

2491 (A) On the seventh day of the person's hospital stay, the nursing
2492 home has a vacancy rate that is not more than three beds or three per
2493 cent of licensed capacity, whichever is greater; [, at the same level of
2494 care as the hospitalized person,] and

2495 (B) Within seven days of the hospitalization of a resident who is a
2496 recipient of medical assistance, the nursing home has contacted the
2497 hospital for an update on the person's status and the nursing home
2498 documents such contact in the person's file and that the information
2499 obtained through the contact does not indicate that the person will be
2500 unable to return to the nursing home [at the same level of care] within

2501 fifteen days of hospitalization.

2502 (3) A facility shall be reimbursed for reserving the bed of a resident
2503 who is absent for up to twenty-one days of home leave as authorized
2504 under the Medicaid program if on the day of such an absence the
2505 facility documents that it has a vacancy rate of not more than four beds
2506 or four per cent of licensed capacity, whichever is greater. [at the
2507 same level of care as the resident so absent.] No facility shall require or
2508 request a resident who is a recipient of medical assistance to provide
2509 payment for such authorized home leave days, whether or not such
2510 payment is available from the department.

2511 (e) If a resident's hospitalization exceeds the period of time that a
2512 nursing home is required to reserve the resident's bed or the nursing
2513 home is not required to reserve the resident's bed under this section,
2514 the nursing home:

2515 (1) Shall provide the resident with the first bed available at the time
2516 the nursing home receives notice of the resident's discharge from the
2517 hospital;

2518 (2) Shall grant the resident priority of admission over applicants for
2519 first admission to the nursing home;

2520 (3) May charge a fee to reserve the bed, not exceeding the facility's
2521 self-pay rate for the unit in which that resident resided, or not
2522 exceeding the per diem Medicaid rate for recipients of medical
2523 assistance, whichever charge is applicable, for the number of days
2524 which the resident is absent from the facility.

2525 Sec. 65. Section 19a-537a of the general statutes is repealed and the
2526 following is substituted in lieu thereof:

2527 Compliance with section 19a-537 shall be monitored by the
2528 department on a postaudit basis or whenever a complaint is received
2529 and its provisions shall be enforced as follows:

2530 (1) The Department of Social Services is authorized to impose a
2531 penalty not greater than eight thousand five hundred dollars for each
2532 violation of said section 19a-537.

2533 (2) The department shall recoup payments made to a nursing home
2534 for reserve-bed days when it is determined that: The nursing home
2535 made the bed assigned to a hospitalized resident available to another
2536 person; [,] or the nursing home was reimbursed for reserve bed days
2537 after it had objective information indicating that the hospitalized
2538 person would not return to the nursing home; [at the same level of
2539 care;] or the nursing home failed to provide a resident with the first
2540 available bed or grant a resident priority of admission as required by
2541 subsection (e) of said section 19a-537; or the nursing home failed to
2542 document the appropriate vacancy rate or hospital contact. If the
2543 payments have already been made, the department may set off the
2544 amount of the payments against any other payments due to the
2545 nursing home.

2546 (3) The department may impose a penalty upon a facility pursuant
2547 to subdivision (1) of this section or recoup any payments from a facility
2548 pursuant to subdivision (2) of this section, regardless of whether a
2549 change in ownership of the facility has taken place since the time of the
2550 violation, provided the department has issued notice of the alleged
2551 violation and the accompanying penalty or recoupment prior to the
2552 effective date of the change in ownership and record of such notice is
2553 readily available in a central registry maintained by the department.

2554 (4) Prior to imposing any penalty pursuant to subdivision (1) of this
2555 section or recouping any payments pursuant to subdivision (2) of this
2556 section, the Department of Social Services shall notify the nursing
2557 home of the alleged violation and the accompanying penalty or
2558 recoupment, and shall permit such facility to request an administrative
2559 hearing, in accordance with sections 4-177 to 4-181, inclusive. A facility
2560 shall request such hearing within fifteen days of receipt of the notice of
2561 violation from the Department of Social Services. The department shall

2562 stay the imposition of any penalty or recoupment pending the
2563 outcome of the administrative hearing.

2564 Sec. 66. Subsection (a) of section 17b-239 of the general statutes is
2565 repealed and the following is substituted in lieu thereof:

2566 (a) The rate to be paid by the state to hospitals receiving
2567 appropriations granted by the General Assembly and to freestanding
2568 chronic disease hospitals, providing services to persons aided or cared
2569 for by the state for routine services furnished to state patients, shall be
2570 based upon reasonable cost to such hospital, or the charge to the
2571 general public for ward services or the lowest charge for semiprivate
2572 services if the hospital has no ward facilities, imposed by such
2573 hospital, whichever is lowest, except to the extent, if any, that the
2574 commissioner in [his] the commissioner's discretion determines that a
2575 greater amount is appropriate in the case of hospitals serving a
2576 disproportionate share of indigent patients. Such rate shall be
2577 promulgated annually by the Commissioner of Social Services.
2578 Nothing contained herein shall authorize a payment by the state for
2579 such services to any such hospital in excess of the charges made by
2580 such hospital for comparable services to the general public.
2581 Notwithstanding the provisions of this section, for the rate period
2582 beginning July 1, 2000, rates paid to freestanding chronic disease
2583 hospitals and freestanding psychiatric hospitals shall be increased by
2584 three per cent. For the rate period beginning July 1, 2001, and each
2585 succeeding rate period, rates paid to freestanding chronic disease
2586 hospitals and freestanding psychiatric hospitals shall be equal to but
2587 not exceed rates for the preceding rate period, plus an inflation factor
2588 equal to the Medicare market basket inflation rate as published in the
2589 previous September Federal Register of each year with the wage
2590 portion of such market basket adjusted for the Hartford metropolitan
2591 statistical area. Notwithstanding the provisions of this subsection, the
2592 commissioner shall use the rate of the highest-paid freestanding
2593 chronic disease hospital for any freestanding chronic disease hospital
2594 having more than an average of fifteen per cent of its inpatient days

2595 utilized as long-term ventilator patient days paid for by the
2596 Department of Social Services beginning for the rate period ending in
2597 2001, in lieu of the rate paid for the period when determining the rates
2598 to be paid on and after July 1, 2001. For purposes of this subsection,
2599 "long-term ventilator patient" means any patient at a freestanding
2600 chronic disease hospital on a ventilator for a total of sixty days or more
2601 in any consecutive twelve-month period.

2602 Sec. 67. Sections 19a-670b and 19a-671b of the general statutes are
2603 repealed.

2604 Sec. 68. Sections 17b-695, 17b-696, 17b-697 and 17b-698a of the
2605 general statutes are repealed.

2606 Sec. 69. This act shall take effect from its passage, except that
2607 sections 3 to 6, inclusive, 13, 20 to 22, inclusive, 24, 25, 27 to 31,
2608 inclusive, 36 to 38, inclusive, 42 to 66, inclusive, and 68 shall take effect
2609 July 1, 2001, and sections 1, 2, 12, 14 to 16, inclusive, 23, 32 to 35,
2610 inclusive, 39 and 40 shall take effect October 1, 2001.